FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines BORDER HEALTH FEDERAL PAC 1210 W EXPRESSWAY 83 SUITE 10 ADDRESS (number and street) Check if different than previously **PHARR** ΤX 78577 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS NEW **AMENDED** C00415752 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Х Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2007 03 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ernie Perez Type or Print Name of Treasurer Electronically Filed by Ernie Perez 04 15 2007 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003)

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name BORDER HEALTH FEDERAL PAC [®] D " D 0 1 0 1 2007 0.3 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2007 388383.00 January 1 (b) Cash on Hand at 388383.00 Begining of Reporting Period 81122.05 81122.05 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 469505.05 469505.05 6(a) and 6(c) for Column B) 0.00 0.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 469505.05 469505.05 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period:

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From:

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2007

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2007

	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)	77438.47	77438.47
	(ii) Unitemized	3683.58	3683.58
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	81122.05	81122.05
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	81122.05	81122.05
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	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))	81122.05	81122.05
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	81122.05	81122.05

DETAILED SUMMARY PAGE

of Disbursements

Page 4

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party		
2	Committees	0.00	0.00
_0.	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
24.	Independent Expenditure		
	(use Schedule E)	0.00	0.00
2 5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use Schedule F)	0.00	5.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	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	0.00	0.00
	(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)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
	, , -, -, , - \\-\-\-\-\		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	0.00	0.00
	from Line 31)	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	81122.05	81122.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	81122.05	81122.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 115
ITEMIZED RECEIPTS		or each category of the		(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δr	y information copied from such Reports and S	tatemente mai	ynot he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Charity Abreu			Date of Receipt
	Mailing Address 1619 hertiage lane			01 12 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.5930
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employee	Occupation physician		contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Charity Abreu	•		Date of Receipt
	Mailing Address 1619 hertiage lane			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6052
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self-employee	Occupation physician		contribution
	Receipt For:	. ' ' '	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
C.	Full Name (Last, First, Middle Initial) Charity Abreu			Date of Receipt
	Mailing Address 1619 hertiage lane			03 / 09 / 4 9 7 9
	City		Zip Code	Transaction ID: SA11A1.6181
	mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		250.00
	colf omployed		n 1	contribution
			e Year-to-Date ▼	
Primary General			750.00	7
	Other (specify) ▼		730.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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т	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)			llas asparets ashadula(s)	FOR LINE NUMBER: PAGE 7 / 115				
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Δ	ny information copied from such Reports and Sta	tomonte may	y not be sold or used by any perso					
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
$ \rangle$	BORDER HEALTH FEDERAL PAC							
\angle								
Α.	Full Name (Last, First, Middle Initial) Ruben Abreu			Date of Receipt				
Α.	Mailing Address 104 augusta square			M M / D D / Y Y Y Y				
	104 augusta square			01 12 2007				
	City	State	Zip Code	Transaction ID: SA11A1.5929				
	mcallen	TX	78503	Amount of Each Receipt this Period				
	FEC ID number of contributing			250.00				
	federal political committee.	C		250.00				
	Name of Employer	Occupation	า	contribution				
	self-employee	physician						
	Receipt For:	1	Year-to-Date ▼					
	Primary General	1 1	050.00	1				
	Other (specify) ▼		250.00					
ь	Full Name (Last, First, Middle Initial)			Data of Descript				
В.				Date of Receipt				
	Mailing Address 104 augusta square			02 09 2007				
	City	State	Zip Code	Transaction ID: SA11A1.6053				
	mcallen	TX	78503	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		250.00				
	Name of Familian	0		contribution				
	Name of Employer self-employee	Occupation physiciar						
	Receipt For:		Year-to-Date V					
	Primary General	199.79		1				
	Other (specify) ▼	1	500.00					
_	Full Name (Last, First, Middle Initial)			Data of Baselet				
C.	Ruben Abreu			Date of Receipt				
	Mailing Address 104 augusta square			03 09 2007				
	City	State	Zip Code	Transaction ID: SA11A1.6182				
	mcallen	TX	78503	Amount of Each Receipt this Period				
	FEC ID number of contributing			050.00				
	federal political committee.	C		250.00				
	Name of Employer	Occupation	า	contribution				
colf-employee		physiciar						
	Receipt For:		Year-to-Date ▼					
	Primary General	33 3		1				
	Other (specify)	L	750.00					
_								
				750.00				
S	SUBTOTAL of Receipts This Page (optional)							
T	OTAL This Period (last page this line number or	∩ly)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 115
ITEMIZED RECEIPTS			or each category of the	(check only one)
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An	y information copied from such Reports and State	ments mav	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	BORDER HEALTH FEDERAL PAC			
۹.	Full Name (Last, First, Middle Initial) Michael Alleyn			Date of Receipt
	Mailing Address 5505 N. 4th			01 12 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.5931
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation	1	contrbution
	selt-employed -	private in		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Michael Alleyn			Date of Receipt
	Mailing Address 5505 N. 4th			02 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.6054
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	self-employed 1	Occupation		contrbution
		private in		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		500.00	
).	Full Name (Last, First, Middle Initial) Michael Alleyn			Date of Receipt
	Mailing Address 5505 N. 4th			03 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.6183
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation	1	contrbution
		private in		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
s	UBTOTAL of Receipts This Page (optional)		·····	750.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 115
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and ado	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Michael Amyx			Date of Receipt
	Mailing Address 2108 Mynah			01 12 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.5933
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation private in		- contrbution
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) 🔻	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Michael Amyx			Date of Receipt
	Mailing Address 2108 Mynah			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11A1.6057
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation private in		contrbution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	
C.	Full Name (Last, First, Middle Initial) Michael Amyx			Date of Receipt
	Mailing Address 2108 Mynah			03 / 09 / 4 7 7 7
	City	State	Zip Code	Transaction ID: SA11A1.6184
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self-employed	Occupation private in		contrbution
	Receipt For:	<u> </u>	Year-to-Date V	
	Primary General Other (specify) ▼		750.00	1
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s	UBTOTAL of Receipts This Page (optional))	750.00
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SCHEDULE A (FEC Form 3X)		[FOR LINE NUMBER: PAGE 10 / 115
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Dario Arango			Date of Receipt
	Mailing Address 7004 N. Cynthia			02 09 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.6058
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General	+	Year-to-Date ▼	
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dario Arango			Date of Receipt
	Mailing Address 7004 N. Cynthia			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6185
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	+ ' '	Year-to-Date ▼	
	Primary General Other (specify)		375.00]
_	Full Name (Last, First, Middle Initial)			
C.	Murphy Badiga			Date of Receipt
	Mailing Address 1503 S. Airport suite 6			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.5935
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contrbution
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	Primary General Other (specify) ▼	0 0	250.00]
				500.00
S	UBTOTAL of Receipts This Page (optional)			- 300.00

TOTAL This Period (last page this line number only)

Tremized Receipts or each category of the oberated power of the oberated Summary Page Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committees. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) All Multiph Statiga Malling Address 1503 S. Airport Surface of Engloyed political committee. City State Zip Code TX 78598 Receipt For: Primary General Other (specify) Multiph Statiga Malling Address 1503 S. Airport Surface State Zip Code TX 78596 Full Name (Last, First, Middle Initial) Multiph Statiga Malling Address 1503 S. Airport Surface State Zip Code TX 78596 Full Name (Last, First, Middle Initial) B. Junctiph Statiga Malling Address 1503 S. Airport Surface State Zip Code TX 78596 Full Name (Last, First, Middle Initial) B. Junctiph Statiga Malling Address 1503 S. Airport Surface State Zip Code TX 78596 Transaction ID: SA11A1 6186 Annourt of Each Receipt this Period City State Zip Code TX 78596 Transaction ID: SA11A1 6186 Annourt of Each Receipt this Period City State Zip Code TX 78596 Transaction ID: SA11A1 6186 Annourt of Each Receipt this Period City State Zip Code TX 78596 Transaction ID: SA11A1 6186 Annourt of Each Receipt this Period City State Zip Code TX 78596 Transaction ID: SA11A1 6186 Annourt of Each Receipt this Period City State Zip Code TX 78591 Transaction ID: SA11A1 6186 Annourt of Each Receipt this Period City State Zip Code TX 78591 Transaction ID: SA11A1 6186 Annourt of Each Receipt this Period City State Zip Code TX 78591 Transaction ID: SA11A1 6186 Annourt of Each Receipt this Period City State Zip Code TX 78591 Transaction ID: SA11A1 6186 Annourt of Each Receipt this Period City State Zip Code TX 78591 Transaction ID: SA11A1 6186 Annourt of Each Receipt this Period City State Zip Code TX 78591 Transaction ID: SA11A1 6186 Annourt of Each Receipt this Period City State State Stat	SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 115
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of 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)		· ·		or each category of the	(check only one)
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 commending purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Authority Badgia Mailing Address 1503 S. Airport Suite 6 City State Zip Code TX 78596 FEC ID number of contributing footeral political committee. Contribution Fec IP Printing General Other (specify) ▼	••	EMIZED REGEII 10		Detailed Summary Page	
NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Maining Address 1503 S. Airport Sulft 6 City State Zip Code Weslaco TX 78596 FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11A1.6096 Amount of Each Receipt Ins Period Cocupation physician Period Primary General Other (specify) City State Zip Code Weslaco TX 78596 FEC ID number of contributing federal political committee. City State Zip Code Weslaco TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. City Transaction ID: SA11A1.6186 Amount of Each Receipt Ins Period City Transaction ID: SA11A1.5936 FEC ID number of contributing federal political committee. City Transaction ID: SA11A1.5936 FEC ID number of contributing federal political committee. City Transaction ID: SA11A1.5936 FEC ID number of contributing federal political committee. City Transaction ID: SA11A1.5936 Amount of Each Receipt Ins Period City Transaction ID: SA11A1.5936 FEC ID number of contributing federal political committee. City Transaction ID: SA11A1.5936 Amount of Each Receipt Ins Period City Transaction ID: SA11A1.5936 Amount of Each Receipt Ins Period City Transaction ID: SA11A1.5936 Amount of Each Receipt Ins Period City Transaction ID: SA11A1.5936 Amount of Each Receipt Ins Period City Transaction ID: SA11A1.5936 Amount of Each Receipt Ins Period City Transaction ID: SA11A1.5936 City Trans	Δ	ay information copied from such Reports and Sta	tomente may	y not be sold or used by any pers	
BORDER HEALTH FEDERAL PAC	or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Murphy Badiga Making Address 1503 S. Airport	\setminus	NAME OF COMMITTEE (In Full)			
A. Murphy Badiga Mailing Address 1503 S. Airport Suite 6 City Weslaco TX 78596 FEC ID number of contributing federal political committee. Name of Employer Self-employed Primary General Occupation Suite 6 City Weslaco TX 78596 Gity Primary General Other (specify) ▼ State Zip Code TX 78596 Primary General Other (specify) ▼ Date of Receipt Titis Period Date of Receipt Transaction ID: SA11A1.6059 Transaction ID: SA11A1.6059 Transaction ID: SA11A1.6059 Date of Receipt Transaction ID: SA11A1.6059 Transaction ID: SA11A1.6059 Date of Receipt Transaction ID: SA11A1.6059 Transaction ID: SA11A1.6059 Date of Receipt Transaction ID: SA11A1.6059 Transaction ID: SA11A1.6059 Date of Receipt Transaction ID: SA11A1.6059 Date of Receipt Transaction ID: SA11A1.5036 Transaction ID: SA11A1.5036 Transaction ID: SA11A1.5036 Amount of Each Receipt Titis Period City Transaction ID: SA11A1.5036 Transaction ID: SA11A1.5	$ \rangle$	BORDER HEALTH FEDERAL PAC			
A. Murphy Badiga Mailing Address 1503 S. Airport Suite 6 City Weslaco TX 78596 FEC ID number of contributing federal political committee. Name of Employer Self-employed Primary General Occupation Suite 6 City Weslaco TX 78596 Gity Primary General Other (specify) ▼ State Zip Code TX 78596 Primary General Other (specify) ▼ Date of Receipt Titis Period Date of Receipt Transaction ID: SA11A1.6059 Transaction ID: SA11A1.6059 Transaction ID: SA11A1.6059 Date of Receipt Transaction ID: SA11A1.6059 Transaction ID: SA11A1.6059 Date of Receipt Transaction ID: SA11A1.6059 Transaction ID: SA11A1.6059 Date of Receipt Transaction ID: SA11A1.6059 Transaction ID: SA11A1.6059 Date of Receipt Transaction ID: SA11A1.6059 Date of Receipt Transaction ID: SA11A1.5036 Transaction ID: SA11A1.5036 Transaction ID: SA11A1.5036 Amount of Each Receipt Titis Period City Transaction ID: SA11A1.5036 Transaction ID: SA11A1.5	\angle	Full Name (Local First Middle Letter)			
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ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
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	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Cayetano Barrera			Date of Receipt
	Mailing Address 501 Mockingbird Lane			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6061
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Cayetano Barrera			Date of Receipt
	Mailing Address 501 Mockingbird Lane	03 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6187
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify) ▼	0 0	750.00	
C.	Full Name (Last, First, Middle Initial) Ricardo Barrera			Date of Receipt
	Mailing Address 420 Frio			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5937
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
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SCHEDULE A (FEC Form 3X)			Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 13 / 115
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	NAME OF COMMITTEE (In Full)			
\angle	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Ricardo Barrera			Date of Receipt
	Mailing Address 420 Frio			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6062
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General		E00.00	
	Other (specify) ▼	0 0	500.00	_
В.	Full Name (Last, First, Middle Initial) Ricardo Barrera			Date of Receipt
	Mailing Address 420 Frio			03 / 09 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.6188
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Juan Bernini			Date of Receipt
	Mailing Address 2804 Santa Ana		0 1 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City		State	Zip Code	Transaction ID: SA11A1.5938
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer self-employed	Occupation physician		contrbution
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full)			
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Α.	Full Name (Last, First, Middle Initial) Juan Bernini			Date of Receipt
	Mailing Address 2804 Santa Ana			02 09 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.6063
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contrbution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Juan Bernini			Date of Receipt
	Mailing Address 2804 Santa Ana			03 / 09 / 4 9 7 9
	City	State	Zip Code	Transaction ID: SA11A1.6189
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contrbution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Sarojini Bose			Date of Receipt
	Mailing Address 7007 N 1st Lane			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.5939
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
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Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
$ \setminus $	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC					
	BORDER HEALTH FEDERAL PAC					
`	Full Name (Last, First, Middle Initial)					
Α.	Sarojini Bose Mailing Address 7007 N 1st Lane			Date of Receipt		
	Mailing Address 7007 N 1st Lane			02 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6064		
	mcallen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer self-employed	Occupation		contribution		
	Receipt For:	1	· e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify) ▼	0 0	300.00			
В.	Full Name (Last, First, Middle Initial) Sarojini Bose			Date of Receipt		
	Mailing Address 7007 N 1st Lane			03 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6190		
	mcallen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer self-employed	Occupation		contribution		
	Receipt For:	physiciar		_		
	Primary General	Aggregate	e Year-to-Date ▼	1		
	Other (specify) ▼	0 0	750.00			
_	Full Name (Last, First, Middle Initial)			5. (5.)		
C.	Francisco Bracamontes Mailing Address 2005 Cimarron Court			Date of Receipt		
	2003 Cilitation Court			01 12 2007		
	City	State	Zip Code	Transaction ID: SA11A1.5940		
	mission	TX	78572	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer self-employed	Occupation physiciar		contrbution		
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	Primary General		250.00			
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NAME OF COMMITTEE (In Full)				
BORDER HEALTH FEDERAL PAC				
Full Name (Last, First, Middle Initial) Francisco Bracamontes			Date of Receipt	
Mailing Address 2005 Cimarron Court			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City	State	Zip Code	Transaction ID: SA11A1.6065	
mission	TX	78572	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer self-employed	Occupation		contrbution	
Receipt For:	<u> </u>	e Year-to-Date ▼		
Primary General Other (specify) ▼	0 0	500.00		
Full Name (Last, First, Middle Initial) 3. Francisco Bracamontes			Date of Receipt	
Mailing Address 2005 Cimarron Court	Mailing Address 2005 Cimarron Court			
City	State	Zip Code	Transaction ID: SA11A1.6191	
mission	<u>TX</u>	78572	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer self-employed	Occupation physician		contrbution	
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General	-	750.00	1	
Other (specify)	0 0	0 0 0 0 0 0		
Full Name (Last, First, Middle Initial) C. Robert Brace			Date of Receipt	
Mailing Address 2000 N. 8th Street			0 1 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: SA11A1.5941	
<u>mcallen</u>	TX	78501	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer self-employed	Occupation physician		contribution	
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\setminus	NAME OF COMMITTEE (In Full)						
\rangle	BORDER HEALTH FEDERAL PAC						
Α.	Full Name (Last, First, Middle Initial) Robert Brace			Date of Receipt			
	Mailing Address 2000 N. 8th Street			02 / 09 / 2007			
	City	State	Zip Code	Transaction ID: SA11A1.6066			
	mcallen	TX	78501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer self-employed	Occupation physician		contribution			
	Receipt For:		Year-to-Date ▼				
	Primary General		500.00	1			
	Other (specify) ▼		500.00				
В.	Full Name (Last, First, Middle Initial) Robert Brace			Date of Receipt			
	Mailing Address 2000 N. 8th Street			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City	State	Zip Code	Transaction ID: SA11A1.6192			
	mcallen	TX	78501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer self-employed	Occupation	n	contribution			
	self-employed	physician	1				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		750.00				
_	Full Name (Last, First, Middle Initial) Alonzo Cantu			Date of Receipt			
٠.	Mailing Address P.O.Box 2673			M M / D D / Y Y Y Y			
				01 12 2007			
	City	State	Zip Code	Transaction ID: SA11A1.5942			
	mcallen	TX	78502	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		C		250.00			
	Name of Employer self-employed		n vestor	contrbution			
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	Primary General	1	250.00				
	Other (specify) ▼	0 0	250.00				
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PAGE 18 / 115 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Date of Receipt Alonzo Cantu Mailing Address P.O.Box 2673 02 2007 09 City State Zip Code Transaction ID: SA11A1.6067 TX 78502 mcallen Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. contrbution Name of Employer self-employed Occupation private investor Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Alonzo Cantu Date of Receipt Mailing Address P.O.Box 2673 03 09 2007 City State Zip Code Transaction ID: SA11A1.6193 mcallen TX 78502 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contrbution Name of Employer self-employed Occupation private investor Receipt For: Aggregate Year-to-Date V Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) C. Carlos Cardenas Date of Receipt Mailing Address 1000 N. Taylor Road 0.1 12 2007 Zip Code City State Transaction ID: SA11A1.5943 mcallen TX 78501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. contrbution Name of Employer self-employed Occupation physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)

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	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,	
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Carlos Cardenas			Date of Receipt
	Mailing Address 1000 N. Taylor Road			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6068
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation		contrbution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0		
В.	Full Name (Last, First, Middle Initial) Carlos Cardenas			Date of Receipt
	Mailing Address 1000 N. Taylor Road			03 / 09 / 4 9 9
	City	State	Zip Code	Transaction ID: SA11A1.6194
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation		contrbution
	Receipt For:		· e Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify) ▼	0 0	750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Jose Carreras			Date of Receipt
	Mailing Address 1016 E. Griffin Parkwa	у		0 1 1 2 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.5984
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation		contribution
	Receipt For:	physiciar	e Year-to-Date ▼	_
	Primary General	riggiogaic		1
	Other (specify) ▼	0 0	250.00	
٦	UBTOTAL of Receipts This Page (optional)			750.00
\vdash	ODIOTAL OF HECCHAS THIS Lage (optional)			
т	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		iE 20 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)	п
••			Detailed Summary Page	X 11a 11b 11c	12 16 17
Δη	w information conied from such Reports and St	atomonte may	unot he sold or used by any nerso		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such co	mmittee.
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	BORDER HEALTH FEDERAL PAC				
Α.	Full Name (Last, First, Middle Initial) Jose Carreras			Date of Receipt	
	Mailing Address 1016 E. Griffin Parkway	У		02 / 09 / Y	2007
	City	State	Zip Code	Transaction ID: SA11A1.	
	mission	TX	78572	Amount of Each Receipt thi	s Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer self-employed	Occupation physician		contribution	
	Receipt For:		e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼	0 0	300.00		
В.	Full Name (Last, First, Middle Initial) Jose Carreras			Date of Receipt	
	Mailing Address 1016 E. Griffin Parkway	У		03 / 09 / Y	2007
	City	State	Zip Code	Transaction ID: SA11A1.	6195
	mission	TX	78572	Amount of Each Receipt thi	s Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer self-employed	Occupation	n	contribution	
	seir-empioyed	physiciar	1		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	750.00		
<u> </u>	Full Name (Last, First, Middle Initial) Augusto Castrillon			Date of Receipt	
	Mailing Address 223 Rio Grande Drive			0 1 1 2 Y	2007
	City	State	Zip Code	Transaction ID: SA11A1.	5944
	mission	TX	78572	Amount of Each Receipt thi	s Period
FEC ID number of contributing federal political committee.					250.00
	Name of Employer Self-employed pl			contrbution	
	Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼			250.00		
	IIPTOTAL of December This Deep (antion-1)				750.00
L _s	UBTOTAL of Receipts This Page (optional)		······		
T	OTAL This Period (last page this line number of	only))		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 115
	EMIZED RECEIPTS	or each category of the		(check only one)
••	LIMIZED HEOLII 13	Detailed Summary Page		X 11a 11b 11c 12
Δη	w information copied from such Departs and St	atomonte may	rnot he cold or used by any nore.	13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and ado	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Augusto Castrillon			Date of Receipt
	Mailing Address 223 Rio Grande Drive			02 / 09 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.6070
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contrbution
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Augusto Castrillon			Date of Receipt
	Mailing Address 223 Rio Grande Drive			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6196
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contrbution
	Receipt For:		Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify) ▼	0 0	750.00	
C.	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas			Date of Receipt
	Mailing Address 2301 N. Bryan Road			0 1 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5945
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:			250.00
			1 1	contrbution
			Year-to-Date ▼	
	Primary General		250.00	7
_	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash	. 5 ,			
T	OTAL This Period (last page this line number of	only)		

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 / 115
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Garrinally Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	BORDER HEALTH FEDERAL PAC			
_				
	Full Name (Last, First, Middle Initial)			
۹.	Norma Cavazos-Salas			Date of Receipt
	Mailing Address 2301 N. Bryan Road			02 09 2007
	21.	01-1-	7's Os de	
	City	State	Zip Code	Transaction ID: SA11A1.6071
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	9		
	Name of Employer	Occupation	n	contrbution
	Name of Employer self-employed	physiciar		
	Receipt For:	1	e Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial)			
3.	Norma Cavazos-Salas			Date of Receipt
	Mailing Address 2301 N. Bryan Road			M M / D D / Y Y Y
			03 09 2007	
	City	State	Zip Code	Transaction ID: SA11A1.6197
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer	Ossunstia		contrbution
	Name of Employer self-employed	Occupation physiciar		
	Receipt For:	,· ·	Year-to-Date ▼	
	Primary General	Aggregate	e rear-to-Date V	
	Other (specify)	' '	750.00	
	Ctrici (specify)	1 1		
	Full Name (Last, First, Middle Initial)			
Э.	R. Chandrarasekharan			Date of Receipt
	Mailing Address 1210 East 8th street			M M / D D / Y Y Y Y
	suite 1			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.5946
	weslaco	TX	78591	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of European	10		contrbution
	Name of Employer self-employed	Occupation		
	Possint For:	physician	e Year-to-Date ▼	-
	Receipt For: Primary General	Aggregate	t rear-10-Dale V	,
	Other (specify)	' '	250.00	
	Caro. (opeony) 🔻		0 0 0 0 0 0 0	1
c	IIPTOTAL of Descripto This Base (anticent)	750.00		
<u> </u>	UBTOTAL of Receipts This Page (optional)			
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- 1	OTAL This Period (last page this line number of	ин у)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)
•••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	v information copied from such Reports and Si	tatements may	not be sold or used by any pers	
or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) R. Chandrarasekharan			Date of Receipt
	Mailing Address 1210 East 8th street suite 1			02 / 09 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.6072
	weslaco	TX	78591	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self-employed	Occupation physician		- contrbution
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	
В.				Date of Receipt
	Mailing Address 1210 East 8th street suite 1			03 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.6198
	weslaco	TX	78591	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contrbution
	Receipt For:		Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify) ▼		730.00	
C.	Full Name (Last, First, Middle Initial) Diana Cortinas			Date of Receipt
	Mailing Address 1400 Northgate Lane			02 / 09 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.6163
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			131.44
	Name of Employer self-employed	Occupation physician		contrbution
Receipt For:			e Year-to-Date ▼	
	Primary General		262.97	7
Other (specify)			202.37	1
s	UBTOTAL of Receipts This Page (optional)			631.44
H				
$\mathbf{L}^{\mathbf{p}}$	OTAL This Period (last page this line number	oniy)		

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 24 / 115
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
TI EIMIZED TIEGEII TO			Detailed Summary Page	X 11a 11b 11c 12
Δ				13 14 15 16 17
or	ly information copied from such Reports and Si for commercial purposes, other than using the	name and ado	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Diana Cortinas			Date of Receipt
	Mailing Address 1400 Northgate Lane			03 / 09 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.6289
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		131.33
	Name of Employer self-employed	Occupation physician		contrbution
	Receipt For:		e Year-to-Date ▼	
	Primary General		204.20	1
	Other (specify) ▼	0 0	394.30	_
В.	Full Name (Last, First, Middle Initial) Guillermo Cortinas			Date of Receipt
	Mailing Address 1224 Northgate Lane			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6164
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		146.67
	Name of Employer self-employed	Occupation physician		contrbution
	Receipt For:	_ ! '	Year-to-Date ▼	
	Primary General		293.44	7
	Other (specify) ▼	0 0	293.44	
C.	Full Name (Last, First, Middle Initial) Guillermo Cortinas			Date of Receipt
	Mailing Address 1224 Northgate Lane			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6290
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		146.55
	Name of Employer self-employed	Occupation physician		contrbution
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	439.99	
s	UBTOTAL of Receipts This Page (optional)			424.55
\vdash	ago (opnoria)			
T	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25/115		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Ar	ny information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
/	BORDER HEALTH FEDERAL PAC					
_	Full Name (Last, First, Middle Initial)			Date of Descript		
Α.	Javier Cortinas Mailing Address 1400 Northgate			Date of Receipt		
				02 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6165		
	mcallen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		175.44		
	Name of Employer self-employed	Occupation physician		contribution		
	Receipt For:		Year-to-Date ▼	-		
	Primary General	33 -3		1		
	Other (specify) ▼	0 0	351.00			
В.	Full Name (Last, First, Middle Initial) Javier Cortinas			Date of Receipt		
	Mailing Address 1400 Northgate			03 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6291		
	mcallen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		175.30		
	Name of Employer self-employed	Occupation		contribution		
	Receipt For:	physician	e Year-to-Date ▼	_		
	Primary General	Aggregate		1		
	Other (specify) ▼	0 0	526.30			
С.	Full Name (Last, First, Middle Initial)			Date of Receipt		
U.	David Deanda Mailing Address 2408 Dorado			M M / D D / Y Y Y Y		
				01 12 2007		
	City 	State	Zip Code	Transaction ID: SA11A1.5951		
	mission	TX	78574	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-employed Occupation private in				contribution		
	Receipt For:		Year-to-Date ▼	-		
	Primary General		250.00	1		
	Other (specify) ▼		250.00			
s	UBTOTAL of Receipts This Page (optional)		.	600.74		
\vdash	. 5 ,					
т	OTAL This Period (last page this line number or	nly))			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 115 (check only one)
Ar	by information copied from such Reports and Statement for commercial purposes, other than using the name at	ts may	y not be sold or used by any perso	on for the purpose of soliciting contributions
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	nu au	aress or any political committee to	SOICH CONTINUED TO THE SUCH CONTINUES.
Α.	Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado			Date of Receipt
				02 09 2007
	City Starmission TX		Zip Code 78574	Transaction ID: SA11A1.6074 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	self-employed priva	upatio ate in	n vestor	contribution
	Receipt For: Primary General Other (specify) ▼	regate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) David Deanda			Date of Receipt
	Mailing Address 2408 Dorado	03 / 09 / 2007		
	City Starmission TX		Zip Code 78574	Transaction ID: SA11A1.6201 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	self-employed *	upatio ate in	n vestor	contribution
	Receipt For: Primary General Other (specify) ▼	regate	e Year-to-Date ▼ 750.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Jorge De La Garza			Date of Receipt
	Mailing Address 120 Condor			01 12 2007
	City Sta mcallen TX		Zip Code 78504	Transaction ID: SA11A1.5950 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	colf omployed	upatio siciar		contrbution
	Receipt For: Primary General Other (specify)	regate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED HEGEN 10		Detailed Summary Page	X 11a 11b 11c 12
Δη	y information conicd from cuch Departs and St	atomonte may	rnot he cold or used by any nore.	13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and ado	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Jorge De La Garza			Date of Receipt
	Mailing Address 120 Condor			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6073
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contrbution
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		7
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Jorge De La Garza			Date of Receipt
	Mailing Address 120 Condor			03 09 YYYYY 007 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6200
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contrbution
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		7
	Other (specify) ▼		750.00	
C.	Full Name (Last, First, Middle Initial) Alberto Duran			Date of Receipt
	Mailing Address 1615 Palazzo			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5952
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer selfemployed			250.00
				contribution
		physician Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
Other (specify)			250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash			•	
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 115
ITEMIZED RECEIPTS		or each category of the		(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Alberto Duran			Date of Receipt
	Mailing Address 1615 Palazzo			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6077
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Alberto Duran			Date of Receipt
	Mailing Address 1615 Palazzo			03 / 09 / 4 4 4 4 4
	City	State	Zip Code	Transaction ID: SA11A1.6202
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Antonio Esparza			Date of Receipt
	Mailing Address 136 W. Yucca			0 1 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5954
	mcallent	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
				- I
	Primary General Other (specify) ▼		250.00	
s				750.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 115		
ITEMIZED RECEIPTS		or each category of the		(check only one)		
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
Δ				13 14 15 16 17		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and ado	rnot be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	BORDER HEALTH FEDERAL PAC					
A.	Full Name (Last, First, Middle Initial) Antonio Esparza			Date of Receipt		
	Mailing Address 136 W. Yucca			02 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6079		
	mcallent	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupation physician		contribution		
	Receipt For:	1	Year-to-Date ▼			
	Primary General			7		
	Other (specify) ▼		500.00			
В.	Full Name (Last, First, Middle Initial) Antonio Esparza			Date of Receipt		
	Mailing Address 136 W. Yucca			03 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6205		
	mcallent	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupation physician		contribution		
	Receipt For:	+' -	Year-to-Date ▼			
	Primary General		750.00	1		
	Other (specify) ▼	0 0	750.00			
C.	Full Name (Last, First, Middle Initial) Antonio Falcon			Date of Receipt		
	Mailing Address 2768 Pharmacy Road			01 12 2007		
	City	State	Zip Code	Transaction ID: SA11A1.5956		
	rio grande city	TX	78582	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			250.00		
	Name of Employer self-employed	Occupation physician		contribution		
	Receipt For:		Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	250.00			
s	UBTOTAL of Receipts This Page (optional)			750.00		
Т						
T	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 115
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) A. Antonio Falcon			Date of Receipt
Mailing Address 2768 Pharmacy Road			02 09 2007
City	State	Zip Code	Transaction ID: SA11A1.6080
rio grande city	TX	78582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) 3. Antonio Falcon			Date of Receipt
Mailing Address 2768 Pharmacy Road	03 09 2007		
City	State	Zip Code	Transaction ID: SA11A1.6206
rio grande city	TX	78582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) C. Maria Elena Falcon			Date of Receipt
Mailing Address 2212 Westway			01 12 2007
City	State	Zip Code	Transaction ID: SA11A1.5955
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer self-employed	Occupatio physiciar		contrbution
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
		•	
TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 115		
ITEMIZED RECEIPTS		or each category of the	(check only one)			
••	LIVIIZED RECEII 13		Detailed Summary Page	X 11a 11b 11c 12		
Δ.	av information conicd from auch Benerta and Statement	to mos	, not be cold or used by any perce	13 14 15 16 17		
or	ny information copied from such Reports and Statement for commercial purposes, other than using the name ar	nd add	frict be sold of used by any personal ress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	BORDER HEALTH FEDERAL PAC					
\angle						
	Full Name (Last, First, Middle Initial)			B . (B		
Α.	Maria Elena Falcon			Date of Receipt		
	Mailing Address 2212 Westway			02 09 2007		
	City Sta	ate	Zip Code	Transaction ID: SA11A1.6081		
	mcallen TX		78504	Amount of Each Receipt this Period		
	FFO ID work and contribution					
	federal political committee.			250.00		
	·			contrbution		
	a olf amployod *	upatio siciar				
	- <u> </u>		Year-to-Date ▼	_		
	Primary General	regate	Teal-to-Date V	1		
	Other (specify) ▼		500.00			
		-				
	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 2212 Westway	03 09 2007				
	City Sta	nto.	Zip Code			
	mcallen TX		78504	Transaction ID: SA11A1.6207		
		`	76304	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			250.00		
				contrbution		
	colf omployed	upatio		Contribution		
	pnys	siciar				
		regate	Year-to-Date ▼			
	Primary General Other (specify) ▼		750.00			
	Other (specify)	0	0 0 0 0 0 0 0			
_	Full Name (Last, First, Middle Initial)			+		
C.	Alberto Felici			Date of Receipt		
	Mailing Address 2309 W. Greenbriar Square			02 09 2007		
	City Sta	***	Zip Code			
	mcallen TX		78504	Transaction ID: SA11A1.6166		
			70304	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			146.66		
				contribution		
	celt-employed	upatio		Contribution		
	priys	siciar		4		
		regate	Year-to-Date ▼			
	Primary General Other (specify) ▼		293.42			
	Salar (opcony)	0	0 0 0 0 0 0 0			
	L					
s	UBTOTAL of Receipts This Page (optional)		_	646.66		
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т	TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 115
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
•	on information and indicate and O			13 14 15 16 17
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	on for the purpose of soliciting contributions as solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Alberto Felici			Date of Receipt
	Mailing Address 2309 W. Greenbriar Sc	•		03 / 09 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.6208
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		146.54
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify) ▼	0 0	439.96	
В.	Full Name (Last, First, Middle Initial) Marco Flores			Date of Receipt
	Mailing Address 320 Primrose	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.5958
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify)	0 0	230.00	
C.	Full Name (Last, First, Middle Initial) Marco Flores			Date of Receipt
	Mailing Address 320 Primrose	02 / 09 / 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6082
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	1
Г				
s	UBTOTAL of Receipts This Page (optional)			646.54
_	OTAL This Period (last page this line number of	only)	I	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 115
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Marco Flores			Date of Receipt
	Mailing Address 320 Primrose			03 / 09 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.6210
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General	33 - 3	1 1 1 1 1 1 1	7
	Other (specify) ▼	0 0	750.00	
В.	Full Name (Last, First, Middle Initial) Eugenio Galindo			Date of Receipt
	Mailing Address 5936 N. Cynthia	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.5959
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Todoral political committee.			
	Name of Employer self-employed	Occupation		contrbution
	·	physiciar		contrbution
	Name of Employer self-employed	physiciar	1	contrbution
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	physiciar	e Year-to-Date ▼]
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	physiciar	e Year-to-Date ▼	Date of Receipt
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Eugenio Galindo	physiciar	e Year-to-Date ▼	Date of Receipt M
C.	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia	physiciar Aggregate	Year-to-Date ▼ 250.00	Date of Receipt
c.	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia City	physiciar Aggregate State	Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M M M
C.	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia City mcallen FEC ID number of contributing	State TX C Occupation	Zip Code 78504	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer	State TX C Occupation physician	Zip Code 78504	Date of Receipt M M M
c.	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	State TX C Occupation physician	Zip Code 78504	Date of Receipt M M M
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State TX C Occupation physician Aggregate	Zip Code 78504 Zip Code 78504 Server-to-Date	Date of Receipt M M M O D D O Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 34 / 115
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	(check only one)
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			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Eugenio Galindo			Date of Receipt
	Mailing Address 5936 N. Cynthia			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6211
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	contrbution
	self-employed	physiciar	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	750.00	
В.	Full Name (Last, First, Middle Initial) Elvin Garcia			Date of Receipt
	Mailing Address 2800 Santa Teresa	0 1 1 2 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.5960
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00 contribution
	Name of Employer self-employed	Occupation physiciar		CONTRIBUTION
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Elvin Garcia			Date of Receipt
	Mailing Address 2800 Santa Teresa			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6084
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70072	250.00
	Name of Employer self-employed	Occupation		contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 115
ITEMIZED RECEIPTS			or each category of the	(check only one)
TI LIMIZED RECEIL 13			Detailed Summary Page	X 11a 11b 11c 12
Δr	y information copied from such Reports and Si	tatamente may	rnot he cold or used by any nore	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Elvin Garcia			Date of Receipt
	Mailing Address 2800 Santa Teresa			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6209
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation		contribution
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General		1 1 1 1 1 1 1	7
	Other (specify) ▼		750.00	
В.	Full Name (Last, First, Middle Initial) Rene Garza			Date of Receipt
	Mailing Address 5404 N. 1st street			0 1 1 2 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.5963
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation private in		contribution
	Receipt For:	I	Year-to-Date V	\dashv
	Primary General	1 99. 19		7
	Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) Rene Garza			Date of Receipt
	Mailing Address 5404 N. 1st street			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6086
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer selfemployed Occ priv			250.00
			n vestor	contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼		300.00	_
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number			

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 36 / 115	
•			Use separate schedule(s) or each category of the	(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Dotailed Carrinary 1 age	13 14 15 16 17	
Ar	y information copied from such Reports and S	tatements may	not be sold or used by any pers	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee t	o solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	BORDER HEALTH FEDERAL PAC				
\angle					
	Full Name (Last, First, Middle Initial)			B. (B.)	
Α.	Rene Garza			Date of Receipt	
	Mailing Address 5404 N. 1st street			03 09 2007	
	City	State	Zip Code		
	mcallen	TX	•	Transaction ID: SA11A1.6212	
		1/	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		250.00	
	federal political committee.				
	Name of Employer selfemployed	Occupation	n	contribution	
	selfemployed	private in	vestor		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		750.00	7	
	Other (specify)	0 0	750.00		
	Full Name (Last, First, Middle Initial)				
В.	Lawrence Gelman			Date of Receipt	
	Mailing Address 3900 Sundown Drive			0 1 1 2 2 0 0 7	
	Cit.	01-1-	7:- 0-1-		
	City	State	Zip Code	Transaction ID: SA11A1.5964	
	mcallen	TX	78503	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		250.00	
	federal political committee.				
	Name of Employer	Occupation	n	contribution	
	selfemployed	physiciar	1		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00	7	
	Other (specify)		250.00		
_	Full Name (Last, First, Middle Initial)				
C.	Lawrence Gelman			Date of Receipt	
	Mailing Address 3900 Sundown Drive			02 09 2007	
	City	State	Zip Code		
	mcallen	TX	78503	Transaction ID: SA11A1.6087	
		1/	78303	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	rederal political committee.			contribution	
	Name of Employer	ame of Employer Occupation			
	selfemployed	physiciar	1		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		F00.00	7	
	Other (specify)	0 0	500.00		
		750.00			
S	UBTOTAL of Receipts This Page (optional)			750.00	
T	OTAL This Period (last page this line number	only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 115
ITEMIZED RECEIPTS		or each category of the		(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
Δr	w information copied from such Poperts and St	tatamente may	rnot he cold or used by any ners	13 14 15 16 17
or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	BORDER HEALTH FEDERAL PAC			
\angle	Full Name (Least First Middle Leitel)			
Α.	Full Name (Last, First, Middle Initial) Lawrence Gelman			Date of Receipt
	Mailing Address 3900 Sundown Drive			M M / D D / Y Y Y Y
				03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6214
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	·			contribution
	Name of Employer selfemployed	Occupation		Continuation
	Receipt For:	physician	e Year-to-Date ▼	_
	Primary General	Aggregate	1 1 1 1 1 1 1	1
	Other (specify) ▼		750.00	
В.	Full Name (Last, First, Middle Initial) Robert Genovese			Date of Receipt
ъ.	Mailing Address 2208 Summer Breeze			M M / D D / Y Y Y Y
				02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6088
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing	С		199.25
	federal political committee.			a substitution
	Name of Employer selfemployed	Occupation		contribution
		physician		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		398.64	
				1
_	Full Name (Last, First, Middle Initial)			Data of Bassist
C.	Robert Genovese Mailing Address 2208 Summer Breeze			Date of Receipt
	2208 Summer Breeze			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6294
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing	C		199.09
	federal political committee. Name of Employer selfemployed			
			ı	contribution
		physician		
Receipt For: Primary General		Aggregate	Year-to-Date ▼	_
	Other (specify)		597.73	
□ Otrier (Specify) ♥				"
s	UBTOTAL of Receipts This Page (optional)			648.34
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 38 / 115
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b	11c 12
Ar	ny information copied from such Reports and Si	atements may	not be sold or used by any perso	13 14 on for the purpose of soliciti	15 16 17 ing contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	uch committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC				
Α.	Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo			Date of Receipt	/ Y Y Y Y Y
				01 12	2007
	City mcallen	State TX	Zip Code 78504	Transaction ID: SA Amount of Each Rec	
	FEC ID number of contributing federal political committee.	C		7 Miledit of Eddition	250.00
	Name of Employer selfemployed	Occupation physiciar		contrbution	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]	
В.	Full Name (Last, First, Middle Initial) Alvaro Giraldo			Date of Receipt	
	Mailing Address 106 W. Flamingo			$\begin{bmatrix} M & M & M \\ O & 2 \end{bmatrix}$	2007
	City	State	Zip Code	Transaction ID: SA	11A1.6056
	mcallen	TX	78504	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C		aantrhutian	250.00
	Name of Employer selfemployed	Occupation physician		contrbution	
	Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00]	
<u> </u>	Full Name (Last, First, Middle Initial) Alvaro Giraldo			Date of Receipt	
	Mailing Address 106 W. Flamingo			03 / 09	2007
	City	State	Zip Code	Transaction ID: SA	
	mcallen	TX	78504	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C		contrbution	250.00
	Name of Employer selfemployed	Occupation physiciar			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		750.00		
s	UBTOTAL of Receipts This Page (optional)				750.00
Т	OTAL This Period (last page this line number	only)			

SCHEDII	LE A (EEC Form 3Y)			FOR LINE NU	IMBER:	PAGE 39 / 1	115
SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	(check only on	ie)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a	11b	11c 12	
			Dotailed Carrillary 1 age	13	14	15 16	1 7
Any information	on copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose	of solicitin	g contribution	s
or for commer	cial purposes, other than using the r	name and add	dress of any political committee to	solicit contributio	ns from su	ch committee	
\ NAME OF	COMMITTEE (In Full)						
BORDER	R HEALTH FEDERAL PAC						
<u>/</u>							
_	(Last, First, Middle Initial)						
A. Ada Gonza				Date of Re			
Mailing Ad	dress P.O. Box 9817			M M /	12	200	
O:t- ·		01-1-	7:- Onda				1
City		State	Zip Code	Transactio			
<u>alamo</u>		TX	78516	Amount of	Each Rece	eipt this Period	
	mber of contributing	С				212.	54
federal pol	tical committee.	0			1 1		
Name of F	mplover	Occupation	n	contributio	n		
Name of E selfemploy	red	private in					
Receipt Fo	r:	<u> </u>	e Year-to-Date ▼				
Prim		199.19	1 1 1 1 1 1	1			
	r (specify)		212.54				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0 0 0 0 0 0 0	4			
Full Name	(Last, First, Middle Initial)						
3. Ada Gonza				Date of Re	ceipt		
Mailing Ad	dress P.O. Box 9817			0 2	D D /	YYYY	
					0 9	200	7
City	City State Zip Code				n ID: SA1	1A1.6168	
<u>alamo</u>		TX	78516	Amount of	Each Rece	eipt this Period	l
FEC ID nu	mber of contributing				-	212.3	20
	tical committee.	C				212.	39
Newson	and a second	10		contributio	n		
Name of E selfemploy	mployer ⁄ed	Occupation					
Receipt Fo	<u></u>	private in					
Prim		Aggregate	e Year-to-Date ▼	,			
	er (specify)	' '	424.93				
Otric	(Specify)	0 0		1			
Full Namo	(Last, First, Middle Initial)			+			
C. Ada Gonza	,			Date of Re	ceipt		
Mailing Ad	dress P.O. Box 9817			M M /	D D /	YYY	Υ
				0 3	0 9	200	7
City		State	Zip Code	Transactio	n ID: SA1	1A1.6295	
<u>alamo</u>		TX	78516	Amount of	Each Rece	eipt this Period	
FFC ID nu	mber of contributing					010	20
	itical committee.	C			1 1	212.2	22
		10 "		contributio	n		
Name of E selfemploy	mployer red	Occupation					
D		private in					
Receipt Fo		Aggregate	e Year-to-Date ▼	_			
Prim	,	' '	637.15				
Othe	r (specify) 🔻	1 1		1			
SUBTOTAL	of Receipts This Page (optional)					637.1	15
JODIOTAL	or recorpto This Lage (optional)						
TOTAL This	Period (last page this line number o	nly)		<u> </u>			
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9	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 40 / 115		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Suffillary Fage	13 14 15 16 17		
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any pers	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	BORDER HEALTH FEDERAL PAC					
Α.	Full Name (Last, First, Middle Initial) Alfredo Gonzalez			Date of Receipt		
	Mailing Address 2305 Monaco Drive			02 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6169		
	mission	TX	78574	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		131.44		
	Name of Employer selfemployed	Occupation physician		contribution		
	Receipt For:		e Year-to-Date ▼			
	Primary General		200.07	7		
	Other (specify) ▼	0 0	262.97			
— В.	Full Name (Last, First, Middle Initial) Alfredo Gonzalez			Date of Receipt		
٥.	Mailing Address 2305 Monaco Drive			M M / D D / Y Y Y Y		
		03 09 2007				
	City	State	Zip Code	Transaction ID: SA11A1.6296		
	mission	TX	78574	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		131.33		
	federal political committee.			101.33		
	Name of Employer	Occupation	<u> </u>	contribution		
	selfemployed	physician				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		394.30	7		
	Other (specify)	0 0	394.30			
<u> </u>	Full Name (Last, First, Middle Initial) Jaime Gonzalez			Date of Receipt		
٠.	Mailing Address 3511 Plazas del Lago			M M / D D / Y Y Y Y		
	City	Ctoto	Zin Cada	01 12 2007		
	City edinburg	State TX	Zip Code	Transaction ID: SA11A1.5968		
		1/	78539	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			250.00		
	Name of Employer selfemployed	Occupation private in		contribution		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify) ▼		250.00]		
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				512.77		
S	UBTOTAL of Receipts This Page (optional)) JIZ.11		
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TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 41 / 115
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
TI LIMIZED TIEGEN 10			Detailed Summary Page	X 11a 11b 11c 12
Δ	information conicd from such Deposits and O			13 14 15 16 17
or	y information copied from such Reports and Si for commercial purposes, other than using the	name and ado	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Jaime Gonzalez			Date of Receipt
	Mailing Address 3511 Plazas del Lago			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6089
	edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation		contribution
	Receipt For:	private in	Year-to-Date ▼	
	Primary General	Aggregate	Flear-to-Date V	7
	Other (specify) ▼		500.00	
				-
В.	Full Name (Last, First, Middle Initial) Jaime Gonzalez			Date of Receipt
	Mailing Address 3511 Plazas del Lago			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6216
	edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation private in		contribution
	Receipt For:	I	Year-to-Date V	
	Primary General	riggiogaio		1
	Other (specify) ▼		750.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson			Date of Receipt
	Mailing Address 1501 Meadwood			0 1 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5969
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer self-employed	Occupation		contribution
	Receipt For:	physician	e Year-to-Date ▼	\dashv
	Primary General	riggrogato	Tour to Bate V	7
	Other (specify) ▼		250.00	
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	750.00
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		E 42/115
ITEMIZED RECEIPTS			or each category of the	(check only one)	–
			Detailed Summary Page	X 11a 11b 11c 11c 15	$\begin{array}{c} \begin{array}{c} 12 \\ 16 \end{array} \qquad \begin{array}{c} 17 \end{array}$
Δη	w information conied from such Reports and St	atemente may	unot he sold or used by any nerso		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such cor	nmittee.
abla	NAME OF COMMITTEE (In Full)				
\rangle	BORDER HEALTH FEDERAL PAC				
Α.	Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson			Date of Receipt	
	Mailing Address 1501 Meadwood		7.0.1	02 09	2007
	City	State	Zip Code	Transaction ID: SA11A1.6	
	weslaco	TX	78596	Amount of Each Receipt this	s Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer self-employed	Occupation physician		contribution	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼	0 0	300.00		
В.	Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson			Date of Receipt	
	Mailing Address 1501 Meadwood			03 / 09 / Y	2007
	City	State	Zip Code	Transaction ID: SA11A1.6	3218
	weslaco	TX	78596	Amount of Each Receipt this	3 Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer self-employed	Occupation	n	contribution	
	self-employed	physiciar	1		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	750.00		
<u> </u>	Full Name (Last, First, Middle Initial) Verley Gordon			Date of Receipt	
	Mailing Address 1700 E. Mile 3 Road			0 1 1 2 Y	2007
	City	State	Zip Code	Transaction ID: SA11A1.5	5970
	mission	TX	78574	Amount of Each Receipt this	s Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer selfemployed	Occupation physician		contribution	
	Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General			250.00		
	Other (specify)	0 0			
s	UBTOTAL of Receipts This Page (optional)				750.00
T	OTAL This Period (last page this line number of	only))		

S	CHEDULE A (FEC Form 3X)		Llea congrata cohodula(c)	FOR LINE NUMBER: PAGE 43 / 115
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Verley Gordon			Date of Receipt
	Mailing Address 1700 E. Mile 3 Road			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6091
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General		E00.00	7
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Verley Gordon			Date of Receipt
	Mailing Address 1700 E. Mile 3 Road			03 / 09 / 4 7 7 7
	City	State	Zip Code	Transaction ID: SA11A1.6219
	mission	TX	78574	Amount of Each Receipt this Period
			70074	Amount of Lacif Neceipt this Feriod
	FEC ID number of contributing federal political committee.	C	10074	250.00
	FEC ID number of contributing		1	
	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	Occupation physiciar	1	250.00
	FEC ID number of contributing federal political committee. Name of Employer selfemployed	Occupation physiciar		250.00
	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation physiciar	Year-to-Date ▼	250.00 contribution
C.	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physiciar	Year-to-Date ▼	250.00
C.	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Enrique Griego	Occupation physiciar	Year-to-Date ▼	Date of Receipt
 C.	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive	Occupation physician Aggregate	year-to-Date ▼ 750.00	Date of Receipt 0 1
c.	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive City	Occupation physician Aggregate	Year-to-Date ▼ 750.00 Zip Code	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing	Occupation physician Aggregate State TX	Year-to-Date ▼ 750.00 Zip Code 78577	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing federal political committee. Name of Employer	C Occupation physician Aggregate TX C Occupation physician	Year-to-Date ▼ 750.00 Zip Code 78577	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed	C Occupation physician Aggregate TX C Occupation physician	Zip Code 78577	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	C Occupation physician Aggregate TX C Occupation physician Aggregate	Zip Code 78577 Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X)			Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 44 / 115
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Δ.	information and fusing such December and C			13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Enrique Griego			Date of Receipt
	Mailing Address 905 Inspiratin Drive			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6092
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Enrique Griego			Date of Receipt
	Mailing Address 905 Inspiratin Drive			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6217
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	750.00	7
	Other (specify) ▼	0 0	700.00	
C.	Full Name (Last, First, Middle Initial) John Guerra			Date of Receipt
	Mailing Address 3105 Forest Court			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6220
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)	<u> </u>		600.00
\vdash				
т	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 45	/ 115		
ITEMIZED RECEIPTS			or each category of the	(check only one)	_		
THE MILE THE SELL TO			Detailed Summary Page		2 6		
Δ.	w information applied from such Benerte and C	totomonto mo	, not be cold or used by any person				
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee	311S 30.		
\setminus	NAME OF COMMITTEE (In Full)						
\rangle	BORDER HEALTH FEDERAL PAC						
Α.	Full Name (Last, First, Middle Initial) Marcy Guerra			Date of Receipt			
	Mailing Address 13337 Borolo Drive			01 12 20	0.7		
	City	State	Zip Code	Transaction ID: SA11A1.5973			
	edinburg	TX	78541	Amount of Each Receipt this Peri	od		
	FEC ID number of contributing federal political committee.	C			0.00		
	Name of Employer selfemployed	Occupation physician		contribution			
	Receipt For:		e Year-to-Date ▼				
	Primary General		050.00				
	Other (specify) ▼	0 0	250.00				
В.	Full Name (Last, First, Middle Initial) Marcy Guerra			Date of Receipt			
	Mailing Address 13337 Borolo Drive			02 09 20	0.7		
	City	State	Zip Code	Transaction ID: SA11A1.6094			
	edinburg	TX	78541	Amount of Each Receipt this Peri	od		
	FEC ID number of contributing federal political committee.	C			0.00		
	Name of Employer selfemployed	Occupation		contribution			
		physiciar					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	.			
	Other (specify)		500.00				
<u> </u>	Full Name (Last, First, Middle Initial) Marcy Guerra			Date of Receipt			
	Mailing Address 13337 Borolo Drive			03 / 09 / 20	0 7		
	City	State	Zip Code	Transaction ID: SA11A1.6221			
	edinburg	TX	78541	Amount of Each Receipt this Peri	od		
	FEC ID number of contributing federal political committee.	C		250	0.00		
	Name of Employer selfemployed	Occupation		contribution			
Receipt For:		Aggregate	e Year-to-Date ▼				
Primary General			750.00				
	Other (specify) ▼	0 0	750.00				
s	UBTOTAL of Receipts This Page (optional)			750	0.00		
\vdash							
т	OTAL This Period (last page this line number	only)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 115
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		and the second s	
Α.	Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street			Date of Receipt
	City weslaco	State TX	Zip Code 78596	Transaction ID: SA11A1.5974 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician	1	contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street	•		Date of Receipt
				02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6095
	weslaco FEC ID number of contributing federal political committee.	C	78596	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	1	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street			Date of Receipt
	City	State	Zip Code	0 3 0 9 2 0 0 7 Transaction ID: SA11A1.6222
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed Receipt For:	Occupation physician Aggregate		contribution
	Primary General Other (specify) ▼	Aggregate	750.00	
s	UBTOTAL of Receipts This Page (optional))	750.00
т	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 115
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
Δr	y information copied from such Reports and Si	tatamente may	y not be cold or used by any nore:	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Alberto Gutierrez			Date of Receipt
	Mailing Address 6020 Wisconsin			01 12 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.5975
	edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼		230.00	
В.	Full Name (Last, First, Middle Initial) Alberto Gutierrez			Date of Receipt
	Mailing Address 6020 Wisconsin			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6096
	edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
C.	Full Name (Last, First, Middle Initial) Alberto Gutierrez			Date of Receipt
	Mailing Address 6020 Wisconsin			03 / 09 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.6223
	edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
			Year-to-Date ▼	
	Primary General		750.00	7
	Other (specify) ▼		750.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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T	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)			llas seperata sebadula(s)	FOR LINE NUMBER: PAGE 48 / 115
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	ry information copied from such Reports and State	omente may	y not be sold or used by any perso	
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	BORDER HEALTH FEDERAL PAC			
\angle				
Α.	Full Name (Last, First, Middle Initial) Marco Gutierrez			Date of Receipt
Α.	Mailing Address 511 N. Depot Road			M M / D D / Y Y Y Y
	Walling Address STI N. Depot Hoad			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.5976
	edinburg	TX	78541	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	contribution
	selfemployed	physician		
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Marco Gutierrez			Date of Receipt
٠.	Mailing Address 511 N. Depot Road			M M / D D / Y Y Y Y
	The state of the s			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6097
	edinburg	TX	78541	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			250.00
	Name of Employer	Occupation	1	contribution
	selfemployed	physiciar		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	
_	Full Name (Loot First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) Marco Gutierrez			Date of Receipt
	Mailing Address 511 N. Depot Road			M M / D D / Y Y Y Y
	·			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6224
	edinburg	TX	78541	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer selfemployed	Occupation		contribution
		physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	750.00	
	☐ Other (apecity) ♥			1
Г	<u>l</u>			
s	UBTOTAL of Receipts This Page (optional)			750.00
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۱.	OTAL This Period (last page this line number onl	lv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 115
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δη	y information copied from such Reports and St	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Miguel Gutierrez			Date of Receipt
	Mailing Address 224 Lindberg			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.5977
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Miguel Gutierrez			Date of Receipt
	Mailing Address 224 Lindberg	02 09 2007		
City		State	Zip Code	Transaction ID: SA11A1.6098
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0	500.00	7
	Other (specify) ▼		500.00	
C.	Full Name (Last, First, Middle Initial) Miguel Gutierrez			Date of Receipt
	Mailing Address 224 Lindberg			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6225
	mcallen	TX	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		250.00
	Name of Employer selfemployed pl Receipt For:			contribution
			Year-to-Date ▼	
Primary General			750.00	7
	Other (specify) ▼		750.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 115	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12	
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or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	BORDER HEALTH FEDERAL PAC				
A.				Date of Receipt	
	Mailing Address 4008 Burns Drive South			01 12 2007	
	City	State	Zip Code	Transaction ID: SA11A1.5978	
	mcallen T		78503	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			250.00	
	Name of Employer selfemployed	Occupation physician		contribution	
	Receipt For:	, · ·	e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼	0 0	250.00		
В.	Full Name (Last, First, Middle Initial) Victor Haddad			Date of Receipt	
	Mailing Address 4008 Burns Drive South	02 09 2007			
	City	State	Zip Code	Transaction ID: SA11A1.6099	
	mcallen	TX	78503	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupation physician		contribution	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	7	
	Other (specify)	0 0	500.00		
C.	Full Name (Last, First, Middle Initial) Victor Haddad			Date of Receipt	
	Mailing Address 4008 Burns Drive South	า		03 / 09 / 4 9 2007	
	City	State	Zip Code	Transaction ID: SA11A1.6226	
	mcallen	<u>TX</u>	78503	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupation physician		contribution	
	Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify)		750.00	7	
	Calc. (opcony) \	0 0	0 0 0 0 0 0	-	
s	UBTOTAL of Receipts This Page (optional)			750.00	
Т	OTAL This Period (last page this line number of	nnlv)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / 115	
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a		
			Detailed Summary Page	13 14 15 16 17	
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any person	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)	Solicit Contributions from Such Committee.			
\rangle	BORDER HEALTH FEDERAL PAC				
Α.	Full Name (Last, First, Middle Initial) Robert Helbing			Date of Receipt	
	Mailing Address 820 Tamarack			02 09 2007	
	City	State	Zip Code	Transaction ID: SA11A1.6170	
	mcallen	TX	78501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		104.33	
	self-employed *	Occupation private in		Contribution	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		208.73		
В.	Full Name (Last, First, Middle Initial) Robert Helbing			Date of Receipt	
	Mailing Address 820 Tamarack			03 / 09 / 4 9 7 9	
	City	State	Zip Code	Transaction ID: SA11A1.6297	
	mcallen	TX	78501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		104.24 contribution	
	celf-employed *	Occupation private in		Contribution	
	Receipt For:	•	e Year-to-Date ▼		
	Primary General		312.97	1	
	Other (specify) ▼		312.97		
C.	Full Name (Last, First, Middle Initial) Maximiliano Hernandez			Date of Receipt	
	Mailing Address 301 Byron Nelson Drive #40 Villas Jardin			0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.5980	
	mcallen TX		78503	Amount of Each Receipt this Period	
Name of Employer Occupati		C		250.00 contribution	
		Occupation physician	1	Contribution	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)			458.57	
 -	OTAL This Period (last page this line number only	v)			
		<i>,</i> ,	······		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 115
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) A. Maximiliano Hernandez			Date of Receipt
Mailing Address 301 Byron Nelson Dri #40 Villas Jardin			02 09 7 2007
City mcallen	State TX	Zip Code 78503	Transaction ID: SA11A1.6100
FEC ID number of contributing federal political committee.	C	76303	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physicial		contribution
Receipt For: Primary General	, · · · · 	e Year-to-Date ▼	
Other (specify)		500.00	
Full Name (Last, First, Middle Initial) Maximiliano Hernandez			Date of Receipt
Mailing Address 301 Byron Nelson Dri #40 Villas Jardin	ve		03 / 09 / 4 2007
City	State	Zip Code	Transaction ID: SA11A1.6204
mcallen	TX	78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00 contribution
Name of Employer selfemployed	Occupation physicial		Contribution
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) C. Maria Hoffman			Date of Receipt
Mailing Address 802 Inspiration Road			01 12 2007
City	State	Zip Code	Transaction ID: SA11A1.5981
pharr	TX	78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00 contribution
Name of Employer selfemployed	Occupation physicial		Continuation
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional) .			750.00
TOTAL This Period (last page this line number	r only)		
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SCHEDULE A (FEC Form 3X)		llos concrete cobodulo(s)		FOR LINE NUMBER: PAGE 53 / 115
ITEMIZED RECEIPTS		or each category of the		(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
Δr	y information copied from such Reports and Si	tatamente may	rnot he cold or used by any nore	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Maria Hoffman			Date of Receipt
	Mailing Address 802 Inspiration Road			02 / 09 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.6101
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Maria Hoffman			Date of Receipt
	Mailing Address 802 Inspiration Road			$ \begin{bmatrix} \begin{smallmatrix}M&M&M\\0&3\end{smallmatrix} & \begin{smallmatrix}D&D&D\\0&9\end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&7\end{smallmatrix} \\ \end{bmatrix} $
	City	State	Zip Code	Transaction ID: SA11A1.6227
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	_ ! ' '	Year-to-Date ▼	-
	Primary General	7.99.094.0		7
	Other (specify) ▼	0 0	750.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Vincent Honrubia			Date of Receipt
	Mailing Address 204 Rio Grande			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.5982
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed Receipt For:		1 1	contribution
			Year-to-Date ▼	
Primary General			250.00	7
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash	. 5 . , ,		'	
T	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 115	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
or	ry information copied from such Reports and Stator for commercial purposes, other than using the r	name and add	r not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.	
Ν	NAME OF COMMITTEE (In Full)				
	BORDER HEALTH FEDERAL PAC				
A.	Full Name (Last, First, Middle Initial) Vincent Honrubia			Date of Receipt	
	Mailing Address 204 Rio Grande			02 09 2007	
	City	State	Zip Code	Transaction ID: SA11A1.6102	
	mission TX FEC ID number of contributing federal political committee.		78572	Amount of Each Receipt this Period	
				250.00	
	Name of Employer selfemployed	Occupation physician		contribution	
	Receipt For:	+	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)	0 0	500.00		
В.	Full Name (Last, First, Middle Initial) Vincent Honrubia			Date of Receipt	
	Mailing Address 204 Rio Grande	03 09 2007			
	City State Zip Code			Transaction ID: SA11A1.6228	
	mission	TX	78572	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer selfemployed	Occupation physician		contribution	
	Receipt For:		Year-to-Date ▼		
	Primary General	1 1	750.00	7	
	Other (specify)	0 0	750.00		
C.	Full Name (Last, First, Middle Initial) Nelson Kalaf			Date of Receipt	
	Mailing Address 5401 N. 8th Street	ailing Address 5401 N. 8th Street			
	City	State	Zip Code	Transaction ID: SA11A1.5985	
	mcAllen	TX	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupation physician		contribution	
	Receipt For:		Year-to-Date ▼	7	
	Primary General Other (specify) ▼		250.00		
<u> </u>				750.00	
Ls	UBTOTAL of Receipts This Page (optional)				
_	OTAL This Period (last page this line number o	nlv)	1		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 115	
ıT	EMIZED DECEIDTS		or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
01	NAME OF COMMITTEE (In Full)	iame and add	diess of any political committee to	Solicit contributions from such committee.	
$ \setminus $	` ,				
	BORDER HEALTH FEDERAL PAC				
_	Full Name (Last, First, Middle Initial)			Data of Danaira	
A.	Nelson Kalaf			Date of Receipt	
	Mailing Address 5401 N. 8th Street			02 09 2007	
	City	State	Zip Code	Transaction ID: SA11A1.6104	
	mcAllen	TX	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	С		250.00	
	Name of Employer	Occupation	2	contribution	
	selfemployed	physiciar			
	Receipt For:	1	Year-to-Date ▼		
	Primary General	7.199.1094.10	Toda to Bate V	1	
	Other (specify) ▼		500.00		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 5401 N. 8th Street			03 09 2007	
	City	State	Zip Code	Transaction ID: SA11A1.6230	
	mcAllen	TX	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing		1 1 1 1 1 1		
	federal political committee.	C		250.00	
				contribution	
	Name of Employer selfemployed	Occupation			
	Receipt For:	physiciar	e Year-to-Date ▼		
	Primary General	Aggregate	e rear-lo-Dale V		
	Other (specify)		750.00		
	auto (openin), V		0 0 0 0 0 0 0	,	
_	Full Name (Last, First, Middle Initial)			2. (2.)	
C.				Date of Receipt	
	Mailing Address 2548 Palm Circle			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City	State	Zip Code	Transaction ID: SA11A1.5986	
	rio grande city	TX	78582	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		250.00	
	Name of Employee	10		contribution	
	Name of Employer selfemployed	Occupation			
	Receipt For:	physiciar	Year-to-Date ▼		
	Primary General	Ayyıcyalt	, 16ai-10-Date ▼	1	
	Other (specify)	, –			
		0 0	1 1 1 1 1 1 1	1	
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s	UBTOTAL of Receipts This Page (optional)			750.00	
1	, 5 (1 /		•		

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 115			
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12			
			Detailed Summary Page	13 14 15 16 17			
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
\geq	BORDER HEALTH FEDERAL PAC						
A.	Full Name (Last, First, Middle Initial) Gauri Kanhere			Date of Receipt			
	Mailing Address 2548 Palm Circle			02 09 2007			
	City	State	Zip Code	Transaction ID: SA11A1.6105			
	rio grande city	TX	78582	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer selfemployed	Occupation physician		contribution			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		500.00				
В.	Full Name (Last, First, Middle Initial) Gauri Kanhere			Date of Receipt			
	Mailing Address 2548 Palm Circle			03 / 09 / 2007			
	City	State	Zip Code	Transaction ID: SA11A1.6231			
	rio grande city	TX	78582	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer selfemployed	Occupation		contribution			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		750.00				
<u> </u>	Full Name (Last, First, Middle Initial) Gholam Kiani			Date of Receipt			
	Mailing Address 213 e. Xenops			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: SA11A1.5987			
	mcallen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Selfemployed Occupation physicial				contribution			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		250.00				
s	UBTOTAL of Receipts This Page (optional)			750.00			
T	FOTAL This Period (last page this line number only)						

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S	CHEDULE A (FEC Form 3X)		Use separate sch	odulo(c)	FOR LINE NUMBER: PAGE 57 / 115
	EMIZED RECEIPTS		or each category		(check only one)
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Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	unot be sold or used l dress of any political c	oy any person committee to s	13 14 15 16 17 for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71		
\rangle	BORDER HEALTH FEDERAL PAC				
A.	Full Name (Last, First, Middle Initial) Gholam Kiani				Date of Receipt
	Mailing Address 213 e. Xenops				02 / 09 / 2007
	City	State	Zip Code		Transaction ID: SA11A1.6106
	mcallen	TX	78504		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer selfemployed	Occupatio physiciar			contribution
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼			500.00	
_	Full Name (Last, First, Middle Initial)				
В.	Gholam Kiani				Date of Receipt
	Mailing Address 213 e. Xenops City	State	Zip Code		03 09 2007
	mcallen	TX	78504		Transaction ID: SA11A1.6232
			76304		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00 contribution
	Name of Employer selfemployed	Occupatio physiciar			Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼			750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz				Date of Receipt
	Mailing Address 5111 N. 10th Street				0 1
	City	State	Zip Code		Transaction ID: SA11A1.5988
	mcallen	TX	78504		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer selfemployed	Occupatio physiciar			contribution
	Receipt For:	Aggregate	1		
	Primary General		1 1 1 1	050.00	
	Other (specify) ▼	0 0	0 0 0 0	250.00	
<u>s</u>	UBTOTAL of Receipts This Page (optional)				750.00
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TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 115			
ITEMIZED RECEIPTS		or each category of the	(check only one)			
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Any information against from such Paparts and S	totomonto mo	reat he hald ar used by any person				
Any information copied from such Reports and S or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
BORDER HEALTH FEDERAL PAC						
Full Name (Last, First, Middle Initial)						
A. Mary Elizabeth Klenz			Date of Receipt			
Mailing Address 5111 N. 10th Street			02 09 2007			
City	State	Zip Code				
mcallen	TX	78504	Transaction ID: SA11A1.6107 Amount of Each Receipt this Period			
		70004				
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer selfemployed	Occupation	n	contribution			
selfemployed	physiciar	1				
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General		500.00	1			
Other (specify)		0 0 0 0 0 0 0	1			
Full Name (Last, First, Middle Initial) B. Mary Elizabeth Klenz			Date of Receipt			
Mailing Address 5111 N. 10th Street			M M / D D / Y Y Y Y			
			03 09 2007			
City	State	Zip Code	Transaction ID: SA11A1.6240			
<u>mcallen</u>	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing	C		250.00			
federal political committee.						
Name of Employer selfemployed	Occupation	n	contribution			
	physiciar					
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify)		750.00				
	0 0	0 0 0 0 0 0 0	1			
Full Name (Last, First, Middle Initial) C. Alejandro Kudisch			Date of Receipt			
Mailing Address 323 Nightingale			01 12 2007			
City	State	Zip Code	Transaction ID: SA11A1.5989			
mcallen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing			250.00			
federal political committee.	C		230.00			
Name of Employer	Occupation	n	contribution			
selfemployed	physcian					
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General		250.00	1			
Other (specify) ▼	0 0	250.00				
	•		750.00			
SUBTOTAL of Receipts This Page (optional)		······	730.00			
TOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 115
ıT	EMIZED RECEIPTS		or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial)			
Α.	Alejandro Kudisch			Date of Receipt
	Mailing Address 323 Nightingale			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6108
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	`	contribution
	colfomployed	Occupation physcian	I	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	riggrogato	Teal to Bate V	-
	Other (specify)		500.00	
		0 0		4
_	Full Name (Last, First, Middle Initial)			2. (2.)
В.	Alejandro Kudisch			Date of Receipt
	Mailing Address 323 Nightingale	03 09 2007		
	City	Transaction ID: SA11A1.6239		
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	contribution
	selfemployed	physcian	•	
	Receipt For:		Year-to-Date ▼	-
	Primary General	riggregate	Tear to Bate 🗸	7
	Other (specify)		750.00	
				1
_	Full Name (Last, First, Middle Initial)			
C.	Jorge Kutugata Mailing Address - Dt O Barr 500 K			Date of Receipt
	Mailing Address Rt 2 Box 522-K			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.5990
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	contribution
coltompleyed		physician		
			Year-to-Date ▼	7
				1
	Other (specify) ▼		250.00	
				1
	<u> </u>			
s	UBTOTAL of Receipts This Page (optional)			750.00
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TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 115
	ITEMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14 15 16 17
or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Jorge Kutugata			Date of Receipt
	Mailing Address Rt 2 Box 522-K			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6109
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Jorge Kutugata			Date of Receipt
	Mailing Address Rt 2 Box 522-K	03 09 2007		
	City	Zip Code	Transaction ID: SA11A1.6238	
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		750.00	7
	Other (specify) 🔻		730.00	
c.	Full Name (Last, First, Middle Initial) Ramiro Leal			Date of Receipt
	Mailing Address 601 Tulip			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.5992
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
	OTAL This Period (last page this line number of			

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 61 / 115 (check only one)				
••	LIVIIZED NEOLII 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC							
Α.	Full Name (Last, First, Middle Initial) Ramiro Leal Mailing Address 601 Tulip			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y				
	City mcallen	State TX	Zip Code 78504	Transaction ID: SA11A1.6110 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer selfemployed	Occupation physician		contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00					
В.	Full Name (Last, First, Middle Initial) Ramiro Leal			Date of Receipt				
	Mailing Address 601 Tulip			03 / 09 / 4 2007				
	City	State	Zip Code	Transaction ID: SA11A1.6236				
	mcallen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer selfemployed	Occupation physiciar		— contribution				
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼	0 0	750.00]				
C .	Full Name (Last, First, Middle Initial) Dale Linebarger			Date of Receipt				
	Mailing Address 901 West 9th Street #405			01 12 2007				
	City	State	Zip Code	Transaction ID: SA11A1.5993				
	austin	TX	78703	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		C		250.00 contribution				
	Name of Employer self-employed	Occupation private in		Contribution				
	Receipt For: Primary General Other (specify) ▼							
s	UBTOTAL of Receipts This Page (optional)			750.00				
Т	TOTAL This Period (last page this line number only)							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 115				
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a				
Ar	y information copied from such Reports and S for commercial purposes, other than using the	tatements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	and the second s						
Α.	Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y				
	City austin	State TX	Zip Code 78703	Transaction ID: SA11A1.6111 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer self-employed	Occupation private in		contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00					
В.	Full Name (Last, First, Middle Initial) Dale Linebarger	l		Date of Receipt				
	Mailing Address 901 West 9th Street #405		71.0	03 / 09 / 2007				
	City	State	Zip Code	Transaction ID: SA11A1.6235				
	austin	TX	78703	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer self-employed	Occupation private in		contribution				
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼		750.00					
C.	Full Name (Last, First, Middle Initial) Joseph Litam			Date of Receipt				
	Mailing Address 5408 N. 1st			01 12 7 2007				
	City	State	Zip Code	Transaction ID: SA11A1.5994				
	mcallen	TX	78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) ▼ C Occupation physician Aggregate				250.00 contribution				
			1	Continuation				
			e Year-to-Date ▼ 250.00					
s	UBTOTAL of Receipts This Page (optional)			750.00				
Т	TOTAL This Period (last page this line number only)							

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 115		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••	LIMIZED HEOLII 10	Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 11		
Δr	y information copied from such Reports and St	tatamente may	y not be cold or used by any nore:			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	BORDER HEALTH FEDERAL PAC					
Α.	Full Name (Last, First, Middle Initial) Joseph Litam			Date of Receipt		
	Mailing Address 5408 N. 1st			02 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6112		
	mcallen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupation physician		contribution		
	Receipt For:		Year-to-Date ▼			
	Primary General		500.00	7		
	Other (specify) ▼	0 0	500.00			
В.	Full Name (Last, First, Middle Initial) Joseph Litam			Date of Receipt		
	Mailing Address 5408 N. 1st			03 / 09 / 4 9 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6234		
	mcallen	TX 78504		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupation physician		contribution		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		750.00	7		
	Other (specify)		730.00			
C.	Full Name (Last, First, Middle Initial) Alfredo Lopez			Date of Receipt		
	Mailing Address 7609 N. 24th Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.5995		
	mcallen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer selfemployed		Occupation physician		contribution		
	Receipt For:		Year-to-Date ▼			
	Primary General		250.00	7		
Other (specify)			250.00			
s	UBTOTAL of Receipts This Page (optional)			750.00		
۲	,		'			
T	OTAL This Period (last page this line number of	only)				

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 64 / 115		
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		(check only one)		
•••	LIVIIZED RECEIP 13	Detailed Summary Page		X 11a 11b 11c 12		
Δ	winformation and from such Departs and C			13 14 15 16 17		
or	ny information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	BORDER HEALTH FEDERAL PAC					
A.	·			Date of Receipt		
	Mailing Address 7609 N. 24th Circle			02 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6113		
	mcallen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupation physician		contribution		
	Receipt For:		e Year-to-Date ▼			
	Primary General	1 1	500.00	7		
	Other (specify) ▼	0 0	500.00			
В.	Full Name (Last, First, Middle Initial) Alfredo Lopez			Date of Receipt		
	Mailing Address 7609 N. 24th Circle			03 / 09 / 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6233		
	mcallen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer selfemployed	Occupation physician		contribution		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		750.00	7		
				-		
C.	Full Name (Last, First, Middle Initial) Julio Lopez			Date of Receipt		
	Mailing Address 1311 6th E. Street			03 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6298		
	weslaco	TX	78596	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		91.93		
Name of Employer selfemployed Receipt For:		Occupation physician		contribution		
			e Year-to-Date ▼			
Primary General Other (specify) ▼			276.01			
s	UBTOTAL of Receipts This Page (optional)	591.93				
\vdash	OTAL This Period (last page this line number					
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 115		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••		Detailed Summary Page		X 11a 11b 11c 12 15 16 17		
Δr	y information copied from such Reports and St	atements may	y not be sold or used by any pers			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
$ \rangle$	BORDER HEALTH FEDERAL PAC					
<u>/</u>	Full Name (Last, First, Middle Initial)					
A.				Date of Receipt		
	Mailing Address 3801 Sundown Court E	ast		01 12 2007		
	City	State	Zip Code	Transaction ID: SA11A1.5997		
	<u>mcallen</u>	TX	78503	Amount of Each Receipt this Period		
	FEC ID number of contributing		1 1 1 1	250.00		
	federal political committee.	C				
	Name of Employer selfemployed	Occupation	n	contribution		
	selfemployed	physician	1			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
	Curici (specify)		0 0 0 0 0 0 0			
_	Full Name (Last, First, Middle Initial)					
В.	Salil Mangi			Date of Receipt		
	Mailing Address 3801 Sundown Court E	ast		02 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6114		
	mcallen	TX 78503		Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.					
	Name of Employer	Occupation		contribution		
	selfemployed	physician				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-		
	Other (specify)		500.00			
	, , , , , , , , , , , , , , , , , , ,		0 0 0 0 0 0 0 0	1		
C.	Full Name (Last, First, Middle Initial) Salil Mangi			Date of Receipt		
	Mailing Address 3801 Sundown Court E	ast		M M / D D / Y Y Y Y		
	011	01-1-	7'- 0-1-	03 09 2007		
	City mcallen	State TX	Zip Code 78503	Transaction ID: SA11A1.6237 Amount of Each Receipt this Period		
	FEC ID number of contributing		70000			
	federal political committee.	C		250.00		
	Name of Employer		2	contribution		
selfemployed		Occupation physician				
	Receipt For:		e Year-to-Date ▼			
	Primary General		750.00	1		
Other (specify)			130.00	1		
Г						
s	UBTOTAL of Receipts This Page (optional)			750.00		
T	OTAL This Period (last page this line number of	only)				

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 115	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Δr	ay information copied from such Reports and S	tatemente ma	unot he sold or used by any perso		
or	ly information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	BORDER HEALTH FEDERAL PAC				
A.	Full Name (Last, First, Middle Initial) Carlos Manrique			Date of Receipt	
	Mailing Address 116 Cardinal	Chaha	7in Oada	01 12 2007	
	City mcallen	State TX	Zip Code	Transaction ID: SA11A1.5998	
		1/	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupatio physiciar		contribution	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0	8 8 8 8 8 8		
В.	Full Name (Last, First, Middle Initial) Carlos Manrique			Date of Receipt	
	Mailing Address 116 Cardinal			02 09 2007	
	City	State	Zip Code	Transaction ID: SA11A1.6115	
	mcallen	TX	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupatio physiciar		contribution	
	Receipt For:		e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼	0 0	500.00		
C.	Full Name (Last, First, Middle Initial) Carlos Manrique			Date of Receipt	
	Mailing Address 116 Cardinal			03 / 09 / 2007	
	City	State	Zip Code	Transaction ID: SA11A1.6241	
	mcallen	TX	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupatio physiciar		contribution	
	Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify) ▼		750.00		
Г					
s	UBTOTAL of Receipts This Page (optional)		······	750.00	
т	OTAL This Period (last page this line number	only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 67 / 115		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••		Detailed Summary Page		X 11a 11b 11c 12 15 16 17		
Δη	v information conied from such Benorts and St	ratements may	y not he sold or used by any ners	•		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	BORDER HEALTH FEDERAL PAC					
A.	Full Name (Last, First, Middle Initial) Guillermo Marquez			Date of Receipt		
	Mailing Address 1702 Trinity Road			01 12 2007		
	City	State	Zip Code	Transaction ID: SA11A1.5999		
	mission	TX	78572	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupation physician		contribution		
	Receipt For:	1	Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		250.00			
В.	Full Name (Last, First, Middle Initial) Guillermo Marquez			Date of Receipt		
	Mailing Address 1702 Trinity Road		02 09 2007			
	City	State	Zip Code	Transaction ID: SA11A1.6116		
	mission	TX	78572	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupation		contribution		
	Receipt For:	physician	Year-to-Date V			
	Primary General	Aggregate	Teal-to-Date V	1		
	Other (specify) ▼	0 0	500.00			
<u>с.</u>	Full Name (Last, First, Middle Initial) Guillermo Marquez			Date of Receipt		
	Mailing Address 1702 Trinity Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.6242		
	mission	TX	78572	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer selfemployed Receipt For:		Occupation physician		contribution		
			Year-to-Date V			
Primary General Other (specify) ▼			750.00			
s	UBTOTAL of Receipts This Page (optional)			750.00		
T-	OTAL This Period (last page this line number of	only)				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 68 / 115		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
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or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions from such committee.		
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
\rangle	BORDER HEALTH FEDERAL PAC					
۹.	Full Name (Last, First, Middle Initial) Agustin Martinez			Date of Receipt		
	Mailing Address 7603 N. 2nd Lane			01 12 7 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6000		
	mcallen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupation physician		contribution		
	Receipt For:	<u> </u>	Year-to-Date ▼	-		
	Primary General			1		
	Other (specify) ▼	0 0	250.00			
3.	Full Name (Last, First, Middle Initial) Agustin Martinez			Date of Receipt		
	Mailing Address 7603 N. 2nd Lane	02 09 2007				
	City State Zip Code			Transaction ID: SA11A1.6117		
	mcallen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupation physician		contribution		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00			
	Other (specify)	0 0	300.00			
Э.	Full Name (Last, First, Middle Initial) Agustin Martinez			Date of Receipt		
	Mailing Address 7603 N. 2nd Lane			03 / 09 / 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6244		
	mcallen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupation physician		contribution		
	Receipt For:	Aggregate	e Year-to-Date ▼	7		
	Primary General		750.00			
	Other (specify) ▼		730.00			
s	UBTOTAL of Receipts This Page (optional)			750.00		
T-	OTAL This Period (last page this line number or	nlv)				
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 69 / 115		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••		Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17		
Δr	y information copied from such Reports and Si	tatements may	y not he sold or used by any ners			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
$ \rangle$	BORDER HEALTH FEDERAL PAC					
<u></u>	Full Name (Last, First, Middle Initial)			1		
A.	Ricardo Martinez			Date of Receipt		
	Mailing Address 1903 W. Smith			01 12 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6001		
	edinburg	TX	78539	Amount of Each Receipt this Period		
	FEC ID number of contributing		1 1 1 1 1			
	federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupation	1	contribution		
	selfemployed	physician	1			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) ▼	0 0				
_	Full Name (Last, First, Middle Initial)					
В.	Ricardo Martinez			Date of Receipt		
	Mailing Address 1903 W. Smith			02 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6118		
	edinburg	TX	78539	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		250.00		
	federal political committee.					
	Name of Employer	Occupation	1	contribution		
	selfemployed	physician				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_		
	Other (specify)		500.00			
				-		
C.	Full Name (Last, First, Middle Initial) Ricardo Martinez			Date of Receipt		
J.	Mailing Address 1903 W. Smith			M M / D D / Y Y Y Y		
				03 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6245		
	edinburg	TX	78539	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer selfemployed Receipt For:		10		contribution		
		Occupation physician				
			Year-to-Date ▼	1		
	Primary General		750.00	7		
Other (specify) ▼			750.00			
Г						
s	UBTOTAL of Receipts This Page (optional)			750.00		
\vdash				_		
T	OTAL This Period (last page this line number	only)				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 70 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Statem	nents mav	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	lress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	BORDER HEALTH FEDERAL PAC			
_	Full Name (Last, First, Middle Initial)			
١.	Santos Martinez			Date of Receipt
	Mailing Address 125 East Yucca			0 1 1 2 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.6002
	•	TX	78504	Amount of Each Receipt this Period
	EEC ID number of contribution		1 1 1 1 1 1	
	federal political committee.	C		250.00
	Name of Employer O	occupation	1	contribution
	self-employed 1	rivate in		
			Year-to-Date ▼	7
	Primary General		250.00	
	Other (specify) ▼	1 1	250.00	
	Full Name (Last, First, Middle Initial)			
3.	Santos Martinez			Date of Receipt
	Mailing Address 125 East Yucca			0 2 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.6119
		TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing	<u> </u>		250.00
	federal political committee.	C		
	Name of Employer Self-employed	Occupation	1	contribution
	self-employed p	rivate in	vestor	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Otriei (specify) ♥	1 1		
_	Full Name (Last, First, Middle Initial)			
Э.	Santos Martinez			Date of Receipt
	Mailing Address 125 East Yucca			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6243
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		
	colf-employed	occupation		contribution
private ir				_
		Aggregate	Year-to-Date ▼	
			750.00	
		0 0		
				======
S	UBTOTAL of Receipts This Page (optional)			750.00
_				
T	OTAL This Period (last page this line number only)		•	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 71 / 115		
	EMIZED RECEIPTS		or each category of the	(check only one)			
•••	LIMIZED RECEIL 13		Detailed Summary Page	X 11a 11b	11c 12		
۸۰	winformation assign from such Departs and St	estamanta mai	, not be cold or used by any nerge	13 14	15 16 17		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	uch committee.		
\setminus	NAME OF COMMITTEE (In Full)						
\rangle	BORDER HEALTH FEDERAL PAC						
Α.	Full Name (Last, First, Middle Initial) Pedro McDougal			Date of Receipt			
	Mailing Address 1516 Iris			01 12	2007		
	City	State	Zip Code	Transaction ID: SA			
	mcallen	TX	78501	Amount of Each Rec	eipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer selfemployed	Occupation physician		contribution			
	Receipt For:		e Year-to-Date ▼				
	Primary General		050.00	1			
	Other (specify) ▼	0 0	250.00				
В.	Full Name (Last, First, Middle Initial) Pedro McDougal			Date of Receipt			
	Mailing Address 1516 Iris	02 / 09	2007				
	City	State	Zip Code	Transaction ID: SA11A1.6120			
	mcallen	TX	78501	Amount of Each Rec	eipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer selfemployed	Occupation physician		contribution			
	Receipt For:		· e Year-to-Date ▼				
	Primary General			1			
	Other (specify) ▼	0 0	500.00				
C.	Full Name (Last, First, Middle Initial) Pedro McDougal			Date of Receipt			
	Mailing Address 1516 Iris			03 / 09	2007		
	City	State	Zip Code	Transaction ID: SA			
	mcallen	TX	78501	Amount of Each Rec	eipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer selfemployed	Occupation physician		contribution			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	-	750.00	1			
	Other (specify)	0 0	750.00				
SUBTOTAL of Receipts This Page (optional)							
\vdash	· · · · · · · · · · · · · · · · · · ·		•	-			
т	OTAL This Period (last page this line number of	only)	>				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		PAGE 72/115			
	EMIZED RECEIPTS		or each category of the	(check only one)				
••	LIMIZED RECEIL 10		Detailed Summary Page	X 11a 11b 11	\rightarrow $-$			
۸۰	winformation assign from such Banarta and C	totomonto mo	, not be cold or used by any person	13 14 15				
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such	committee.			
	NAME OF COMMITTEE (In Full)							
\rangle	BORDER HEALTH FEDERAL PAC							
Α.	Full Name (Last, First, Middle Initial) Bertha Medina			Date of Receipt				
	Mailing Address 1300 1 1/2 Street			01 12	2007			
	City	State	Zip Code	Transaction ID: SA11				
	mcallen	TX	78501	Amount of Each Receip	t this Period			
	FEC ID number of contributing federal political committee.	C			250.00			
	Name of Employer selfemployed	Occupation physician		contribution				
	Receipt For:		e Year-to-Date ▼					
	Primary General		050.00	1				
	Other (specify) ▼	0 0	250.00					
В.	Full Name (Last, First, Middle Initial) Bertha Medina			Date of Receipt				
	Mailing Address 1300 1 1/2 Street	02 09	2007					
	City	State	Zip Code	Transaction ID: SA11A1.6121				
	mcallen	TX	78501	Amount of Each Receip	t this Period			
	FEC ID number of contributing federal political committee.	C			250.00			
	Name of Employer selfemployed	Occupation		contribution				
		physician						
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,				
	Other (specify) ▼		500.00					
<u> </u>	Full Name (Last, First, Middle Initial) Bertha Medina			Date of Receipt				
	Mailing Address 1300 1 1/2 Street			03 09	2007			
	City	State	Zip Code	Transaction ID: SA11	A1.6247			
	mcallen	TX	78501	Amount of Each Receip	t this Period			
	FEC ID number of contributing federal political committee.	C			250.00			
	Name of Employer selfemployed	Occupation		contribution				
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼	0 0	750.00					
[e	IIRTOTAL of Receipts This Page (optional)				750.00			
\vdash	SUBTOTAL of Receipts This Page (optional)							
T	OTAL This Period (last page this line number	only)						

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 73 / 115
ITEMIZED RECEIPTS		or each category of the		(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
Δr	w information copied from cuch Paperts and S	tatamente may	rnot he cold or used by any nore	13 14 15 16 17
or	ly information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Manuel Mercado			Date of Receipt
	Mailing Address 3002 Santa Susana			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.6005
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	, <u>' ' ' </u>	Year-to-Date ▼	
	Primary General		050.00	7
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Manuel Mercado			Date of Receipt
	Mailing Address 3002 Santa Susana			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6122
	mission	TX 78572		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		7
	Other (specify) ▼		500.00	
C.	Full Name (Last, First, Middle Initial) Manuel Mercado			Date of Receipt
	Mailing Address 3002 Santa Susana			03 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.6248
	mission	TX	78572	Amount of Each Receipt this Period
	Receipt For: Primary General			250.00
			n 1	contribution
			e Year-to-Date ▼	
			750.00	7
	Other (specify) ▼	0 0	700.00	1
s	UBTOTAL of Receipts This Page (optional)			750.00
F	,		·	
T	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 74 / 115	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	🗖	
••	LIMIZED RECEIL 10		Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17	
۸۰	winformation assign from such Benerte and St	totomonto mo	, not be cold or used by any nerge			
or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from su	uch committee.	
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	BORDER HEALTH FEDERAL PAC					
Α.	Full Name (Last, First, Middle Initial) Carlos Mohamed			Date of Receipt		
	Mailing Address 5408 N. Cynthia		7.0.1	01 12	2007	
	City	State	Zip Code	Transaction ID: SA1		
	mcallen	TX	78504	Amount of Each Rece	eipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer selfemployed	Occupation physician		contribution		
	Receipt For:		e Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify) ▼		250.00			
В.	Full Name (Last, First, Middle Initial) Carlos Mohamed			Date of Receipt		
	Mailing Address 5408 N. Cynthia			02 / 09	2007	
	City State		Zip Code	Transaction ID: SA1	Transaction ID: SA11A1.6123	
	mcallen	TX	78504	Amount of Each Rece	eipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer selfemployed	Occupation	n	contribution		
		physiciar				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		500.00			
<u> </u>	Full Name (Last, First, Middle Initial) Carlos Mohamed			Date of Receipt		
	Mailing Address 5408 N. Cynthia			03 / 09	2007	
	City	State	Zip Code	Transaction ID: SA1	1A1.6250	
	mcallen	TX	78504	Amount of Each Rece	eipt this Period	
	FEC ID number of contributing federal political committee.				250.00	
	Name of Employer selfemployed	Occupation		contribution		
	Receipt For:		e Year-to-Date ▼			
	Primary General		750.00	1		
	Other (specify) ▼		750.00			
s	UBTOTAL of Receipts This Page (optional)		750.00			
\vdash	, 5 (1 /			-		
T	OTAL This Period (last page this line number	only))			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 75 / 115
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED RECEIL 10		Detailed Summary Page	X 11a 11b	11c 12
Δ.,	winformation conicd from such Departs and Ct	atamanta ma	reat he cold or used by any never	13 14	15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	BORDER HEALTH FEDERAL PAC				
	Full Name (Last, First, Middle Initial)				
A.	Carlos Morales			Date of Receipt	
	Mailing Address 3325 Kent Lane			0 1 1 2	
	City	State	Zip Code	Transaction ID: S	
	mcallen	TX	78503	Amount of Each Re	
	FEC ID number of contributing			7 1111001111 011 24011 111	
	federal political committee.	C			250.00
		10		contribution	
	Name of Employer selfemployed	Occupation			
	Receipt For:	physician	Year-to-Date ▼		
	Primary General	Aggregate	Flear-to-Date V	1	
	Other (specify)		250.00		
				1	
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 3325 Kent Lane			02 09	
	City	State	Zip Code		
	mcallen TX		78503	Transaction ID: S. Amount of Each Re	
			70303	Amount of Each Ne	sceipt triis Feriod
	FEC ID number of contributing federal political committee.	C			250.00
	<u> </u>			contribution	
	Name of Employer selfemployed	Occupation		Continuation	
	· · · · · · · · · · · · · · · · · · ·	physician			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		500.00		
			0 0 0 0 0 0 0	'	
	Full Name (Last, First, Middle Initial)				
C.	Carlos Morales			Date of Receipt	
	Mailing Address 3325 Kent Lane			03 09	
	City	State	Zip Code	Transaction ID: S	
	mcallen	TX	78503	Amount of Each Re	
	FEC ID number of contributing		7,0000	Amount of Laciffic	· · · · · ·
	federal political committee.	C			250.00
		10		contribution	
	Name of Employer selfemployed	Occupation			
	Receipt For:	physician	Year-to-Date ▼		
	Primary General	Aggregate	r rear-to-date V	1	
	Other (specify)		750.00		
				1	
s	UBTOTAL of Receipts This Page (optional)		750.00		
\vdash			•	-	
T	OTAL This Period (last page this line number of	only)			

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 76 / 115
ITEMIZED RECEIPTS		or each category of the		(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
Δη	w information copied from such Paparts and S	tatamente mai	rnot he cold or used by any ners	13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	BORDER HEALTH FEDERAL PAC			
	Full Names (Last First Middle Instit)			
A.	Full Name (Last, First, Middle Initial) Leonel Moreno			Date of Receipt
	Mailing Address 1608 Woods Drive			M M / D D / Y Y Y Y
	-			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6172
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		146.67
	·			contribution
	Name of Employer selfemployed	Occupation		Contribution
	Receipt For:	physician	Year-to-Date ▼	
	Primary General	Aggregate	Flear-to-Date V	7
	Other (specify) ▼		293.44	
				_
ь	Full Name (Last, First, Middle Initial)			Date of Descript
В.	Leonel Moreno Mailing Address 1608 Woods Drive			Date of Receipt
	Walling Address 1606 Woods Drive			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6299
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing	C		146.55
	federal political committee.	<u> </u>		
	Name of Employer	Occupation	ı	contribution
	selfemployed	physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		439.99	
	outsi (opessiy) 🗸	0 0		4
_	Full Name (Last, First, Middle Initial)	•		
C.	Gregoris Nunez			Date of Receipt
	Mailing Address 1604 East Eight suite b			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11A1.6173
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing			131.44
	federal political committee.	C		101.44
	Name of Employer		1	contribution
	selfemployed	physician		
	Receipt For:		Year-to-Date ▼	
	Primary General	' '	262.97	
Other (specify) ▼				1
Г				
s	UBTOTAL of Receipts This Page (optional)			424.66
\vdash	. 3 (1 2)		'	
T	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 77 / 115
ITEMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED RECEIL 13	Detailed Summary Page	X 11a 11b 11c 12
Δ,	ny information copied from such Reports and Statements	move not be gold or used by any norse	13 14 15 16 17
or	for commercial purposes, other than using the name and	d address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
$ \rangle$	BORDER HEALTH FEDERAL PAC		
\angle			
	Full Name (Last, First, Middle Initial)		
Α.			Date of Receipt
	Mailing Address 1604 East Eight		03 09 2007
	suite b City State	e Zip Code	Transaction ID: SA11A1.6300
	weslaco TX	78596	Amount of Each Receipt this Period
	EFO ID worth and for a till a firm	7,000	
	FEC ID number of contributing federal political committee.		131.33
			contribution
	Name of Employer Selfemployed Occup		Contribution
	pnysi		_
		egate Year-to-Date ▼	
	Primary General Other (specify)	394.30	
	Other (specify)		
	Full Name (Last, First, Middle Initial)		+
В.	, , , , , , , , , , , , , , , , , , , ,		Date of Receipt
	Mailing Address 4501 N. Cynthia		M M / D D / Y Y Y Y
	·		01 12 2007
	City State	e Zip Code	Transaction ID: SA11A1.6010
	mcallen TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		250.00
	federal political committee.		
	Name of Employer Occur	pation	contribution
	selfemployed physi		
	Receipt For: Aggre	egate Year-to-Date ▼	
	Primary General	250.00	
	Other (specify) ▼	250.00	
C	Full Name (Last, First, Middle Initial) Juan Ortiz		Date of Receipt
٥.	Mailing Address 4501 N. Cynthia		M M / D D / Y Y Y Y
	4301 N. Cyntina		02 09 2007
	City State	e Zip Code	Transaction ID: SA11A1.6125
	mcallen TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing		250.00
	federal political committee.		250.00
	Name of Employer Occup	nation	contribution
	Name of Employer Selfemployed Physic		
	4 1 2	egate Year-to-Date ▼	_
	Primary General		1
	Other (specify) ▼	500.00	
			604.00
s	UBTOTAL of Receipts This Page (optional)	·····	631.33
T	OTAL This Period (last page this line number only)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 / 115
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	r not be sold or used by any personal ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Juan Ortiz			Date of Receipt
	Mailing Address 4501 N. Cynthia			03 / 09 / 4 2007
	City	State	Zip Code	Transaction ID: SA11A1.6251
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General	11 1		7
	Other (specify) ▼	0 0	750.00	
В.	Full Name (Last, First, Middle Initial) Armando Osio			Date of Receipt
	Mailing Address 600 Tulip			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.6011
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	7
	Other (specify)	0 0	250.00	
C.	Full Name (Last, First, Middle Initial) Armando Osio			Date of Receipt
	Mailing Address 600 Tulip			02 09 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.6126
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer selfemployed proper processes and the processes of the processes			250.00
				contribution
			Year-to-Date V	
	Primary General		500.00	7
	Other (specify) ▼	0 0	500.00	
S	JBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 79 / 115
			Use separate schedule(s) or each category of the	(check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
An or	ly information copied from such Reports and Sta for commercial purposes, other than using the r	itements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	BORDER HEALTH FEDERAL PAC			
۹.	Full Name (Last, First, Middle Initial) Armando Osio			Date of Receipt
	Mailing Address 600 Tulip			03 / 09 / 4 2007
	City	State	Zip Code	Transaction ID: SA11A1.6252
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation		contribution
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General Other (specify) ▼	33 13	750.00	
 3.	Full Name (Last, First, Middle Initial) Fernando Otero			Date of Receipt
	Mailing Address 121 E. Quamasia #148			0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code			Transaction ID: SA11A1.6012
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
 C.	Full Name (Last, First, Middle Initial) Fernando Otero			Date of Receipt
	Mailing Address 121 E. Quamasia #148			02 09 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.6127
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
S	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number o	nly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
Δ.	winformation assign from auch Bonarta and St	totomonto mo	rnet he cold or used by any nero	13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Fernando Otero			Date of Receipt
	Mailing Address 121 E. Quamasia #148			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6287
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify) ▼	0 0	750.00	
В.	Full Name (Last, First, Middle Initial) Kip Owen			Date of Receipt
	Mailing Address 2305 Red River			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.6013
	mcallen	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	200.00	
C.	Full Name (Last, First, Middle Initial) Kip Owen			Date of Receipt
	Mailing Address 2305 Red River			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6128
	mcallen	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)		1	750.00
 T	OTAL This Period (last page this line number)	only)		

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 81 / 115		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
•••	LIVIIZED RECEIP 13	Detailed Summary Page		X 11a 11b 11c 12		
_				13 14 15 16 17		
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	BORDER HEALTH FEDERAL PAC					
A.	Full Name (Last, First, Middle Initial) Kip Owen			Date of Receipt		
	Mailing Address 2305 Red River			03 / 09 / 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6286		
	mcallen	TX	78572	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupation		contribution		
	Receipt For:	, i i	Year-to-Date ▼			
	Primary General	33 - 3	1 1 1 1 1 1 1	7		
	Other (specify) ▼	0 0	750.00			
В.	Full Name (Last, First, Middle Initial) Prakash Palimar			Date of Receipt		
	Mailing Address 121 Canary			01 12 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6014		
	mcallen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00 contribution		
	Name of Employer selfemployed	Occupation physiciar		Contribution		
	Name of Employer selfemployed Receipt For:	physiciar				
	selfemployed	physiciar	1			
	Receipt For: Primary General	physiciar	e Year-to-Date ▼]		
 C.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	physiciar	e Year-to-Date ▼	Date of Receipt 0 2 0 9 2 0 0 7		
C .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Prakash Palimar	physiciar	e Year-to-Date ▼	Date of Receipt		
C.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary	physiciar Aggregate	Year-to-Date ▼ 250.00	Date of Receipt O 2 O 9 2 O 0 7		
c.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City	physiciar Aggregate State	Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M M M		
C.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing	physiciar Aggregate State TX	Zip Code 78504	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
C.	Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State TX Occupation physician	Zip Code 78504	Date of Receipt M M M		
c.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State TX Occupation physician	Zip Code 78504	Date of Receipt M M M		
	Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State TX C Occupation physician Aggregate	Zip Code 78504 Zip Code 78504 Server-to-Date	Date of Receipt M M M O D D O Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 115
	EMIZED RECEIPTS	or each category of the		(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δη	y information copied from such Reports and St	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Prakash Palimar			Date of Receipt
	Mailing Address 121 Canary			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6285
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼		750.00	
В.	Full Name (Last, First, Middle Initial) Umesh Pathak			Date of Receipt
	Mailing Address 2004 Alexander Drive			02
	City	State	Zip Code	Transaction ID: SA11A1.6174
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		131.44
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼		262.97	
C.	Full Name (Last, First, Middle Initial) Umesh Pathak			Date of Receipt
	Mailing Address 2004 Alexander Drive			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6301
	weslaco	TX	78596	Amount of Each Receipt this Period
	Receipt For: Primary General			131.33
			ו ו	contribution
			Year-to-Date ▼	
			394.30	1
	Other (specify)		334.30	
s	UBTOTAL of Receipts This Page (optional)			512.77
	<u> </u>		•	
T	OTAL This Period (last page this line number of	only)		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 115
	ITEMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED REOLII 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	winformation conicd from such Departs and C			13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Ruben Pechero			Date of Receipt
	Mailing Address 5508 N. Cynthia			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6180
	McAllen	TX	78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		7
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Ruben Pechero			Date of Receipt
	Mailing Address 5508 N. Cynthia		03	
	City	State	Zip Code	Transaction ID: SA11A1.6253
	McAllen	TX	78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼		500.00	
C.	Full Name (Last, First, Middle Initial) Jose Pena			Date of Receipt
	Mailing Address 100 Bluebird			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.6016
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer selfemployed	Occupation physician		contirbution
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash			•	
T	OTAL This Period (last page this line number	only)		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 84 / 115
	ITEMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIL 13		Detailed Summary Page	X 11a 11b 11c 12
_	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Jose Pena			Date of Receipt
	Mailing Address 100 Bluebird			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6130
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contirbution
	Receipt For:		e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Jose Pena			Date of Receipt
	Mailing Address 100 Bluebird			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6284
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contirbution
	Receipt For:		Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼		750.00	
C.	Full Name (Last, First, Middle Initial) Juan Pena			Date of Receipt
	Mailing Address 905 S. Huisache Court			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11A1.6017
	pharr	TX	78577	Amount of Each Receipt this Period
				250.00
			n vestor	contribution
			e Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash			•	
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 115
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17	
Ar	by information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	/ not be sold or used by any perso	n for the purpose of soliciting contributions
Oi		ame and add	aress or any political committee to	Solicit Contributions from Such Committee.
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Juan Pena			Date of Receipt
	Mailing Address 905 S. Huisache Court			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6131
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation private in		contribution
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Juan Pena			Date of Receipt
	Mailing Address 905 S. Huisache Court			03 / 09 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.6283
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation private in		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Claudia Pierson			Date of Receipt
	Mailing Address 6912 N. Peking			0 1 1 2 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.6019
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupation physiciar		contribution
			e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number or	าly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 / 115
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions		
7	NAME OF COMMITTEE (In Full)	arre ariu auc	dress or any political committee to	Solicit Contributions from Such Committee.
\rangle	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Claudia Pierson			Date of Receipt
	Mailing Address 6912 N. Peking			02 09 7 2007
	City mcallen	State TX	Zip Code 78501	Transaction ID: SA11A1.6132
	FEC ID number of contributing	C	76301	Amount of Each Receipt this Period 250.00
	federal political committee.			contribution
	Name of Employer selfemployed	Occupation physician		Contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Claudia Pierson			Date of Receipt
	Mailing Address 6912 N. Peking			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6282
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	, · · ·	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	750.00	
<u>—</u>	Full Name (Last, First, Middle Initial) Sergio Preciado			Date of Receipt
Ο.	Mailing Address 521 E. Bluebird			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: SA11A1.6162
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		146.67
selfemployed physicia Receipt For: Aggregat		Occupation physician		contribution
		Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		293.44	
s	UBTOTAL of Receipts This Page (optional)			646.67
Т	OTAL This Period (last page this line number or	nly)	······································	

S	CHEDULE A (FEC Form 3X)		Han approved a selection (FOR LINE NUMBER: PAGE 87 / 115
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	BORDER HEALTH FEDERAL PAC			
۹.	Full Name (Last, First, Middle Initial) Sergio Preciado			Date of Receipt
	Mailing Address 521 E. Bluebird			03 / 09 / 4 2007
	City	State	Zip Code	Transaction ID: SA11A1.6302
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		146.55
	Name of Employer selfemployed	Occupation		contribution
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify)	0 0	439.99	
3.	Full Name (Last, First, Middle Initial) Sergio Ramirez			Date of Receipt
	Mailing Address 1608 Woods Drive			0 1
	City	State	Zip Code	Transaction ID: SA11A1.6021
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contirbution
	Receipt For:		e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)	0 0	250.00	
Э.	Full Name (Last, First, Middle Initial) Sergio Ramirez			Date of Receipt
	Mailing Address 1608 Woods Drive			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6161
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contirbution
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			646.55
			<u> </u>	
T	OTAL This Period (last page this line number or	nly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 115 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Sergio Ramirez Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physicain Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11A1.6022 Amount of Each Receipt this Period 250.00 contribution
D.	Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physicain Aggregate		Date of Receipt M M O 2 O 9 O 9 O 9 O 7 Transaction ID: SA11A1.6160 Amount of Each Receipt this Period 250.00 contribution
s	UBTOTAL of Receipts This Page (optional)		······	750.00
T	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 89 / 115
ITEMIZED RECEIPTS		or each category of the		(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δr	y information copied from such Reports and Si	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	BORDER HEALTH FEDERAL PAC			
\angle	Full Names (Last First Middle Initial)			
A.	Full Name (Last, First, Middle Initial) Gustavo Ramos			Date of Receipt
	Mailing Address 1301 S. Perking			M M / D D / Y Y Y Y
	-			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6281
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
				contribution
	Name of Employer selfemployed	Occupation		Gorningation
	Receipt For:	physicain	e Year-to-Date ▼	_
	Primary General	Aggregate	1 1 1 1 1 1 1	7
	Other (specify) ▼		750.00	
				-
R	Full Name (Last, First, Middle Initial) R.V. Reddy			Date of Receipt
ъ.	Mailing Address 1500 Southland Drive			M M / D D / Y Y Y Y
				01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.6023
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			a substitution
	Name of Employer selfemployed	Occupation		contribution
		physician		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
				-
_	Full Name (Last, First, Middle Initial)			B (B
C.	R.V. Reddy Mailing Address 1500 Southland Drive			Date of Receipt
	Mailing Address 1500 Southland Drive			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6159
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer selfemployed	Occupation		contribution
		physician		
	Receipt For:		Year-to-Date ▼	-
Primary General Other (specify) ▼			500.00	
				-
				=== 00
s	UBTOTAL of Receipts This Page (optional)			750.00
ΙT	OTAL This Period (last page this line number of	only)		

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 90 / 115 (check only one)	
	EIVIIZED NEGEIP 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive			Date of Receipt
	City weslaco	State TX	Zip Code 78596	Transaction ID: SA11A1.6280 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation	1	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
В.	Full Name (Last, First, Middle Initial) Alvaro Restrepo			Date of Receipt
	Mailing Address 120 Bluebird			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.6024
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	1	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Alvaro Restrepo Mailing Address 120 Bluebird			Date of Receipt
	City	Ctata	Zip Code	02 09 2007
	City mcallen	State TX	78504	Transaction ID: SA11A1.6158 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aygreyate	500.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Г	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 91 / 115
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a	
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		71	
Full Name (Last, First, Middle Initial) Alvaro Restrepo Mailing Address 120 Bluebird City State mcallen TX FEC ID number of contributing federal political committee.		Zip Code 78504	Date of Receipt M M	
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physiciar Aggregate		contribution
В.	Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia			Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.6025
	mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	C Occupation		Amount of Each Receipt this Period 250.00 contrbution
	Receipt For: Primary General Other (specify) ▼	physiciar Aggregate	e Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia	0.1		Date of Receipt 0 2 0 9 2 0 0 7
	City mcallen	State TX	Zip Code 78504	Transaction ID: SA11A1.6157 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate		contrbution
s	UBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 92 / 115	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12	٦,,
۸۰	winformation assign from such Benerte and St	totomonto mo	, not be cold or used by any nerge	n for the purpose of soliciting contributions	17
or	y information copied from such Reports and St for commercial purposes, other than using the	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	BORDER HEALTH FEDERAL PAC				
Α.	Full Name (Last, First, Middle Initial) William Restrepo			Date of Receipt	
	Mailing Address 1117 S. Cynthia			03 / 09 / 7 2007	
	City	State	Zip Code	Transaction ID: SA11A1.6278	
	mcallen	TX	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupation physician		contrbution	
	Receipt For:		Year-to-Date ▼		
	Primary General		750.00		
	Other (specify) ▼		750.00		
В.	Full Name (Last, First, Middle Initial) Homero Rivas			Date of Receipt	
	Mailing Address 100 E. Houston			01 12 7 2007	
	City	State	Zip Code	Transaction ID: SA11A1.6026	
	mcallen	<u>TX</u>	78501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupation	1	contribution	
	seirempioyed	physician	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	attick (openity) 🗸				
C.	Full Name (Last, First, Middle Initial) Homero Rivas			Date of Receipt	
	Mailing Address 100 E. Houston			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City	State	Zip Code	Transaction ID: SA11A1.6156	
	mcallen	TX	78501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			250.00	
selfemployed phy		Occupation physician		contribution	
		Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼			500.00		
			300.00		
s	UBTOTAL of Receipts This Page (optional)			750.00	
	. 5 (1 7				
T	OTAL This Period (last page this line number of	only))		

S	CHEDULE A (FEC Form 3X)		Harana and a day day	FOR LINE NUMBER: PAGE 93 / 115
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
TI LIMIZED RECEIF 13			Detailed Summary Page	X 11a 11b 11c 12
Δ	wintermanting against from a cools Departs and Ch	-1		13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	rnot be sold or used by any person dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Homero Rivas			Date of Receipt
	Mailing Address 100 E. Houston			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: SA11A1.6277
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation		contribution
	Receipt For:	physician	e Year-to-Date ▼	
	Primary General	Aggregate	rear-to-date V	7
	Other (specify) ▼		750.00	
_				
В.	Full Name (Last, First, Middle Initial) Benjamin Robalino			Date of Receipt
	Mailing Address 1217 S. Cynthia			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.6027
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	 1	contribution
	selfemployed	physcian		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	230.00	
C.	Full Name (Last, First, Middle Initial) Benjamin Robalino			Date of Receipt
	Mailing Address 1217 S. Cynthia			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6155
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed Occupati physcia Receipt For: Aggrega Primary General Other (specify) ▼		n	contribution
			e Year-to-Date ▼	
			500.00	
	Galor (opcorry) 🔻		0 0 0 0 0 0 0	1
				750.00
S	UBTOTAL of Receipts This Page (optional)		······	750.00
_	OTAL This Period (last page this line number o	ınlv)		
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S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page	X 11a
Ar or	y information copied from such Reports and Statements for commercial purposes, other than using the name and	may not be sold or used by any person address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Benjamin Robalino		Date of Receipt
	Mailing Address 1217 S. Cynthia		03 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Zip Code 78501	Transaction ID: SA11A1.6275 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Selfemployed Occupa physci		contribution
	Receipt For: Primary General Other (specify) ▼	pate Year-to-Date ▼ 750.00	
В.	Full Name (Last, First, Middle Initial) Jose Rodriguez		Date of Receipt
	Mailing Address 8500 N. Taylor		01 12 2007
	City State	Zip Code	Transaction ID: SA11A1.6028
	mcallen TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed Occupa physic		contribution
		pate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Jose Rodriquez		Date of Receipt
	Mailing Address 8500 N. Taylor		02 09 7 2007
	City State mcallen TX	Zip Code 78504	Transaction ID: SA11A1.6154 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		67.55
Name of Employer Selfemployed Physic			contribution
	Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼ 317.55	
s	UBTOTAL of Receipts This Page (optional)	.	567.55
	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		PAGE 95/115
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••			Detailed Summary Page		1c 12 5 16 17
۸۰	winformation assign from such Benerte and St	totomonto mo	, not be cold or used by any nerge	13 14 15	
or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such	n committee.
	NAME OF COMMITTEE (In Full)				
\rangle	BORDER HEALTH FEDERAL PAC				
Α.	Full Name (Last, First, Middle Initial) Jose Rodriquez			Date of Receipt	
	Mailing Address 8500 N. Taylor			03 / 09 /	2007
	City	State	Zip Code	Transaction ID: SA11	A1.6303
	mcallen	TX	78504	Amount of Each Receip	t this Period
	FEC ID number of contributing federal political committee.	C			67.50
	Name of Employer selfemployed	Occupation		contribution	
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		385.05		
В.	Full Name (Last, First, Middle Initial) Paulette Saca			Date of Receipt	
	Mailing Address 109 Condor			02 09	2007
	City	State	Zip Code	Transaction ID: SA11	A1.6153
	mcallen	TX	78504	Amount of Each Receip	t this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer self-employed	Occupation	1	contribution	
	seir-empioyed	private in	vestor		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	' '	250.00		
	Other (specify) ▼	0 0			
C.	Full Name (Last, First, Middle Initial) Paulette Saca			Date of Receipt	
	Mailing Address 109 Condor			03 09	2007
	City	State	Zip Code	Transaction ID: SA11	A1.6274
	mcallen	TX	78504	Amount of Each Receip	t this Period
self-employed privat		C			125.00
		Occupation private in		contribution	
			Year-to-Date ▼		
Primary General			075.00	1	
	Other (specify) ▼		375.00		
s	UBTOTAL of Receipts This Page (optional)				317.50
\vdash				-	
T	OTAL This Period (last page this line number	only)			

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 96 / 115
ITEMIZED RECEIPTS		or each category of the		(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and S	tatements may	not be sold or used by any person	
or	ny information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
<u>_</u>	Full Name (Last, First, Middle Initial)			
Α.	Javier Saenz			Date of Receipt
	Mailing Address 2308 Monaco Drive			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11A1.6031
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	contribution
	Name of Employer selfemployed	physiciar		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify) ▼	0 0	200.00	
В.	Full Name (Last, First, Middle Initial) Javier Saenz			Date of Receipt
υ.	Mailing Address 2308 Monaco Drive			M M / D D / Y Y Y Y
				02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6151
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupatio	n	contribution
	selfemployed	physiciar	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
		0 0		
C.	Full Name (Last, First, Middle Initial) Javier Saenz			Date of Receipt
	Mailing Address 2308 Monaco Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.6272
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing	C		
	federal political committee. Name of Employer			250.00
			n	contribution
selfemployed PReceipt For:		physiciar		
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	750.00	
	Out (opcorry) \	0 0		
	LIDTOTAL of Docaint This Days (self a 1)			750.00
L	UBTOTAL of Receipts This Page (optional)			
Т	OTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 115 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) JJ Saenz Mailing Address 2400 S.E. Augusta Squa City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State TX C Occupation physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	JJ Saenz Mailing Address 2400 S.E. Augusta Squa City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
)	Full Name (Last, First, Middle Initial) JJ Saenz Mailing Address 2400 S.E. Augusta Squa City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	750.00
Т	OTAL This Period (last page this line number or	nlv)		

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 98 / 115
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
"	EIMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Larry Safir			Date of Receipt
	Mailing Address 3300 S. 2nd suite 10			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11A1.5991
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation private in		contribution
	Receipt For:		Year-to-Date V	_
	Primary General	7.99.094.0		1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Larry Safir			Date of Receipt
	Mailing Address 3300 S. 2nd suite 10			02 09 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.6150
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation private in		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General	33 - 3		1
	Other (specify) ▼		500.00	
C.	Full Name (Last, First, Middle Initial) Larry Safir			Date of Receipt
	Mailing Address 3300 S. 2nd suite 10			03 09 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.6271
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	contribution
	self-employed	private in		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
				750.00
S	UBTOTAL of Receipts This Page (optional)			730.00
T	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 99 / 115
	EMIZED RECEIPTS	or each category of the		(check only one)
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12
Δr	ny information copied from such Reports and S	tatamente mai	rot be sold or used by any pers	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Mariano Salinas			Date of Receipt
	Mailing Address 2007 Brazos Court			01 12 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.6032
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General		050.00	7
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mariano Salinas	•		Date of Receipt
	Mailing Address 2007 Brazos Court			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6149
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	. ' ' '	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
C.	Full Name (Last, First, Middle Initial) Mariano Salinas			Date of Receipt
	Mailing Address 2007 Brazos Court			03 / 09 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.6270
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General		750.00	7
	Other (specify) ▼		750.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash	,		'	
T	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 100 / 115
,		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Manuel Sanchez			Date of Receipt
	Mailing Address 2804 Santa Lydia			01 12 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.6033
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼	0 0	200.00	1
В.	Full Name (Last, First, Middle Initial) Manuel Sanchez			Date of Receipt
	Mailing Address 2804 Santa Lydia			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6148
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	contribution
	selfemployed	physician	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)	0 0		1
<u> </u>	Full Name (Last, First, Middle Initial) Manuel Sanchez			Date of Receipt
	Mailing Address 2804 Santa Lydia			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6269
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify) ▼		750.00	1
_				
				750.00
S	UBTOTAL of Receipts This Page (optional)			730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 101 / 115
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Michael Seiba Mailing Address P. O. Box 4556			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State TX	Zip Code 78502	Transaction ID: SA11A1.6034 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.				Date of Receipt
	Mailing Address P. O. Box 4556			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6147
	mcallen FEC ID number of contributing federal political committee.	C	78502	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) Michael Seiba Mailing Address P. O. Box 4556			Date of Receipt
	City	State	Zip Code	0 3 0 9 2 0 0 7 Transaction ID: SA11A1.6268
	mcallen	TX	78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician	1	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 102 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)
•••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and St	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
BORDER HEALTH FEDERAL PAC				
A.	- 1			Date of Receipt
	Mailing Address P. O.Box 236			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.6035
	austin	TX	78767	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation private in		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		7
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) John Sharp			Date of Receipt
	Mailing Address P. O.Box 236			02 09 YYYY 02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6146
	austin	TX	78767	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation private in		contribution
	Receipt For:	1	Year-to-Date V	_
	Primary General	33 -3		7
	Other (specify) ▼		500.00	
C.	Full Name (Last, First, Middle Initial) John Sharp			Date of Receipt
	Mailing Address P. O.Box 236			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6267
	austin	TX	78767	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation private in		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify) ▼		750.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash	,		•	
T	OTAL This Period (last page this line number of	only)		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 103 / 115
ITEMIZED RECEIPTS		or each category of the		(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δη	v information copied from such Reports and S	tatemente may	y not be sold or used by any pers	
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	lress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Tawhid Shuaib			Date of Receipt
	Mailing Address 4000 Burns Drive			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.6036
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Tawhid Shuaib			Date of Receipt
	Mailing Address 4000 Burns Drive			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6145
	<u>mcallen</u>	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
		Occupation physician		250.00 contribution
	federal political committee. Name of Employer selfemployed Receipt For:	Occupation physician		
	Name of Employer selfemployed	Occupation physician		
	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation physician	Year-to-Date ▼	contribution
C.	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician	Year-to-Date ▼	
C.	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Tawhid Shuaib	Occupation physician	Year-to-Date ▼	Date of Receipt
c.	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive	Occupation physician Aggregate	Year-to-Date ▼ 500.00	Date of Receipt 0 3 0 9 2 0 0 7
C.	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City	Occupation physician Aggregate	Year-to-Date ▼ 500.00 Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing	Occupation physician Aggregate State TX	Year-to-Date ▼ 500.00 Zip Code 78503	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	Occupation physician Aggregate State TX C Occupation physician	Year-to-Date ▼ 500.00 Zip Code 78503	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	Occupation physician Aggregate State TX C Occupation physician	Year-to-Date ▼ 500.00 Zip Code 78503	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State TX C Occupation physician Aggregate Aggregate Aggregate	Year-to-Date ▼ 500.00 Zip Code 78503 Year-to-Date ▼ 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 104/115
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b	11c 12
Δ	information conicd from a selection and C			13 14	15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	BORDER HEALTH FEDERAL PAC				
	Full Name (Last, First, Middle Initial)			5	
Α.	Dennis Slavin			Date of Receipt	
	Mailing Address 1501 S. Oklahoma			01 12	
	City	State	Zip Code	Transaction ID: S	
	weslaco	TX	78596	Amount of Each Re	
	FEC ID number of contributing			7 1111001111 01 20011 11	· · · · · ·
	federal political committee.	C			250.00
	Name of Familian	10		contribution	
	Name of Employer selfemployed	Occupation physician			
	Receipt For:	. ' '	Year-to-Date ▼		
	Primary General	riggrogate	, real to Bate V	1	
	Other (specify)		250.00		
				"	
	Full Name (Last, First, Middle Initial)	•			
В.				Date of Receipt	
	Mailing Address 1501 S. Oklahoma			02 09	
	City	State	Zip Code	Transaction ID: S	
	weslaco	TX	78596	Amount of Each Re	
	FEC ID number of contributing		70000	Amount of Laciffic	· · · · · ·
	federal political committee.	C			250.00
	· · · · · · · · · · · · · · · · · · ·			contribution	
	Name of Employer selfemployed	Occupation			
	Receipt For:	physician	Year-to-Date ▼		
	Primary General	Aggregate	Teal to Bate V	1	
	Other (specify)		500.00		
				1	
	Full Name (Last, First, Middle Initial)				
C.	Jose Trejo			Date of Receipt	
	Mailing Address 112 S. Broadway			01 12	
	City	State	Zip Code	Transaction ID: S	
	mcallen	TX	78501	Amount of Each Re	
	FEC ID number of contributing				
	federal political committee.	C			250.00
	Name of Employer	Occupation	2	contribution	
	self-employed	private in			
	Receipt For:		Year-to-Date ▼		
	Primary General	1 99 79		1	
	Other (specify) ▼		250.00		
_					
				-	750.00
s	UBTOTAL of Receipts This Page (optional)				750.00
T	OTAL This Period (last page this line number	only))		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 105/115
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b	11c	
			, ,	13 14	15 16 17
Ar or	ly information copied from such Reports and S for commercial purposes, other than using the	tatements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting soliciting solicit contributions from su	ng contributions uch committee.
	NAME OF COMMITTEE (In Full)		·		
	BORDER HEALTH FEDERAL PAC				
Α.	Full Name (Last, First, Middle Initial) Jose Trejo			Date of Receipt	
	Mailing Address 112 S. Broadway			02 09	2007
	City	State	Zip Code	Transaction ID: SA	I1A1.6143
	mcallen	TX	78501	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer self-employed	Occupation private in		contribution	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	500.00		
В.	Full Name (Last, First, Middle Initial) Jose Trejo			Date of Receipt	
	Mailing Address 112 S. Broadway			03 / 09	2007
	City	State	Zip Code	Transaction ID: SA	I1A1.6264
	mcallen	TX	78501	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer self-employed	Occupation private in		contribution	
	Receipt For:		e Year-to-Date ▼		
	Primary General		750.00	1	
	Other (specify) ▼	0 0	750.00		
С	Full Name (Last, First, Middle Initial) Susan Turley			Date of Receipt	
Ο.	Mailing Address 312 Thunderbird			0 1 1 2	2007
	City	State	Zip Code	Transaction ID: SA	I1A1.6040
	mcallen	TX	78504	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer self-employed	Occupation physiciar		contribution	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00]	
s	UBTOTAL of Receipts This Page (optional)				750.00
Т	OTAL This Period (last page this line number	only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 106 / 115
ITEMIZED RECEIPTS		or each category of the		(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Si	atements may	not be sold or used by any perso	
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) A. Susan Turley			Date of Receipt
	Mailing Address 312 Thunderbird			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6140
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:	1	Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼		300.00	
В.				Date of Receipt
	Mailing Address 312 Thunderbird			03 09 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.6262
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:	_ ! '	Year-to-Date V	
	Primary General		750.00	7
	Other (specify) ▼		750.00	
C.	Full Name (Last, First, Middle Initial) Marcel Twahirwa			Date of Receipt
	Mailing Address 2403 El Encino Drive			01 12 2007
	City	State	Zip Code	Transaction ID: SA11A1.6041
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		250.00	7
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash			•	
T	OTAL This Period (last page this line number of	only)		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 107 / 115
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
/	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial)			
A.	Marcel Twahirwa			Date of Receipt
	Mailing Address 2403 El Encino Drive			02 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6141
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer	Occupation	 1	contribution
	selfemployed	physiciar	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, , , ,	500.00	1
	Other (specify)			.1
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 2403 El Encino Drive			03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6261
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	า	contribution
	selfemployed	physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify)	1 1	100.00	J
_	Full Name (Last, First, Middle Initial)			+
C.	Jose Vasquez			Date of Receipt
	Mailing Address 2548 Palm Circle			0 1 1 2 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.6042
	rio grande city	TX	78582	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation	 1	contribution
	selfemployed	physiciar		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	1
	Other (specify)	0 0		.1
Г				
s	UBTOTAL of Receipts This Page (optional)			750.00
			•	-
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 108 / 115
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	/ not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
A.	Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing	State TX	Zip Code 78582	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) ▼	Occupation physician Aggregate		contribution
В.	Mailing Address 2548 Palm Circle			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City rio grande city	State TX	Zip Code 78582	Transaction ID: SA11A1.6260
	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physiciar	1	Amount of Each Receipt this Period 250.00 contribution
C .	Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport			Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State TX	Zip Code	Transaction ID: SA11A1.6043
	FEC ID number of contributing federal political committee.	C	78501	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate		contribution
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number of	only)		. [

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	Check only one) X 11a
Ar	y information copied from such Reports and Statemen for commercial purposes, other than using the name a	nts may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	and add	ress or any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Ramiro Verdoreen			Date of Receipt
	Mailing Address 301 E. Newport City St.	ate	Zip Code	0 2 0 9 2 0 0 7 Transaction ID: SA11A1.6138
	mcallen T		78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	salfamployed	upation siciar		contribution
	Receipt For: Primary General Other (specify) ▼	gregate	Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport			Date of Receipt
	Walling Address Str E. Newport			03 09 2007
		ate	Zip Code	Transaction ID: SA11A1.6259
	mcallen T>	Χ	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	selfemployed phy	upation siciar	1	Contribution
	Receipt For: Primary General Other (specify) ▼	gregate	e Year-to-Date ▼ 750.00	
C.	Full Name (Last, First, Middle Initial) Carlos Villalta			Date of Receipt
	Mailing Address P. O. Box 1632			02 / 09 / 2007
	City St. mission TX	ate K	Zip Code 78573	Transaction ID: SA11A1.6137 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			125.00
	coltomployed	upation siciar		contribution
			e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			625.00
_	OTAL This Period (last page this line number only)		·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any	y information copied from such Reports and Statemen or commercial purposes, other than using the name a	nts may	not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	and add	iress or any pontical committee to	Solicit contributions from Such confinitee.
Α.	Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632			Date of Receipt
		ate x	Zip Code 78573	Transaction ID: SA11A1.6258 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		70373	125.00
	selfemployed phy	upation	1	contribution
	Receipt For: Primary General Other (specify) ▼	gregate	Year-to-Date ▼ 375.00	
В.	Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Suite 4 City Sta	ate	Zip Code	Transaction ID: SA11A1.6177
	mcallen T	Χ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			160.77
	selfemployed phy	upation siciar	1	contirbution
	Receipt For: Primary General Other (specify) ▼	gregate	Year-to-Date ▼ 321.66	
C.	Full Name (Last, First, Middle Initial) Rita Villanueva			Date of Receipt
	Mailing Address 801 E. Nolana Suite 4			03 / 09 / 2007
	City Standard TX	ate X	Zip Code 78504	Transaction ID: SA11A1.6304 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			160.64
	coltomologod	upation siciar		contirbution
	Receipt For: Primary General Other (specify) ▼	gregate	e Year-to-Date ▼ 482.30	
SI	JBTOTAL of Receipts This Page (optional)			446.41
T.	TAI This Period (last page this line number only)		·	

JOHEDOLE A HEOLOHII JAI				FOR LINE NUMBER: PAGE 111 / 115		
ITEMIZED RECEIPTS or each ca			or each category of the	(check only one)		
Detailed Summary Page			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Δr	w information conied from such Reports and St					
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\geq	BORDER HEALTH FEDERAL PAC					
A.	Full Name (Last, First, Middle Initial) Victor Villarreal			Date of Receipt		
	Mailing Address 901 W. Moore			02 09 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6176		
	pharr	TX	78577	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		131.44		
	Name of Employer selfemployed	Occupation physician		contribution		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		262.97			
	Other (specify) ▼		202.91			
В.				Date of Receipt		
	Mailing Address 901 W. Moore			03 / 09 / 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6305		
	pharr	TX	78577	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		131.33		
	Name of Employer selfemployed	Occupation	n	contribution		
	seirempioyed	physician	1			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		394.30			
<u> </u>	Full Name (Last, First, Middle Initial) Raymond Walker			Date of Receipt		
	Mailing Address 1117 Shallow apt 4			0 1 1 2 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.6047		
	mcallen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer self-employed	Occupation private in		contribution		
	Receipt For:		e Year-to-Date ▼	7		
	Primary General Other (specify) ▼	0 0	250.00			
	IJPTOTAL of December This Daws (action 1)	512.77				
SUBTOTAL of Receipts This Page (optional)						
_T	TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)	llos concrete cobodulo(s)	FOR LINE NUMBER: PAGE 112 / 115
IT	EMIZED RECEIPTS	or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Statements for commercial purposes, other than using the name and	may not be sold or used by any perso	n for the purpose of soliciting contributions
OI	NAME OF COMMITTEE (In Full)	address of any political committee to	Solicit Contributions from Such Committee.
$ \rangle$	BORDER HEALTH FEDERAL PAC		
	BONDER TILL EDENAL TAG		
_	Full Name (Last, First, Middle Initial)		B (B
A.	Raymond Walker Mailing Address 1117 Shallow		Date of Receipt
	Mailing Address 1117 Shallow apt 4		02 09 2007
	City State	Zip Code	Transaction ID: SA11A1.6136
	mcallen TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		250.00
	federal political committee.		
	Name of Employer Occup	ation	contribution
		e investor	
		gate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
			'
_	Full Name (Last, First, Middle Initial)		
В.	Raymond Walker Mailing Address 1117 Shallow		Date of Receipt
	Mailing Address 1117 Shallow apt 4		03 09 2007
	City State	Zip Code	Transaction ID: SA11A1.6257
	mcallen TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		250.00
	federal political committee.		
	Name of Employer Occup self-employed	ation	contribution
	privat	e investor	
	Receipt For: Aggre	gate Year-to-Date ▼	
	Other (specify) ▼	750.00	
			'
_	Full Name (Last, First, Middle Initial)		B (B . : .
C.	James Webb Mailing Address 312 Redbud		Date of Receipt
			02 09 2007
	City State	Zip Code	Transaction ID: SA11A1.6175
	mcallen TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		104.33
	Todoral political committee.		contribution
	Name of Employer Self-employed Occup		Contribution
	privat	e investor gate Year-to-Date ▼	_
	Primary General	gale real-lo-bale ¥	
	Other (specify) ▼	208.73	
_			
_			604.33
L _s	UBTOTAL of Receipts This Page (optional)	······	
T	OTAL This Period (last page this line number only)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 113/115
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δn	winformation conied from such Reports and S	tatemente may	y not be sold or used by any ners	
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	lress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) James Webb			Date of Receipt
	Mailing Address 312 Redbud			03 / 09 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.6306
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.24
	Name of Employer self-employed	Occupation private in		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		7
	Other (specify) ▼		312.97	
В.	Full Name (Last, First, Middle Initial) Patrick Wilcox			Date of Receipt
	Mailing Address 111 Rio Grande			01 12 YYYY 2007
	City	State	Zip Code	Transaction ID: SA11A1.6049
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
		Occupation physician		contribution
	federal political committee. Name of Employer selfemployed Receipt For:	Occupation physician		
	federal political committee. Name of Employer selfemployed	Occupation physician	1	
	federal political committee. Name of Employer selfemployed Receipt For: Primary General	Occupation physician	Year-to-Date ▼	contribution
C.	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation physician	Year-to-Date ▼	
c.	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Patrick Wilcox	Occupation physician	Year-to-Date ▼	Date of Receipt
C.	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande	Occupation physician Aggregate	Year-to-Date ▼ 250.00	Date of Receipt 0 2 0 9 2 0 0 7
 C.	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande City	Occupation physician Aggregate	Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande City mission FEC ID number of contributing	Occupation physician Aggregate State TX	Year-to-Date ▼ 250.00 Zip Code 78572	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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\setminus	NAME OF COMMITTEE (In Full)				_
\rangle	BORDER HEALTH FEDERAL PAC				
Α.	Full Name (Last, First, Middle Initial) Patrick Wilcox			Date of Receipt	
	Mailing Address 111 Rio Grande			03 / 09 / 2007	
	City	State	Zip Code	Transaction ID: SA11A1.6256	
	mission	TX	78572	Amount of Each Receipt this Period	-
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В.	Full Name (Last, First, Middle Initial) Hugo Zapata			Date of Receipt	
	Mailing Address 316 Xenops			01 12 2007	
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A. Hugo Zapata

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

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Name of Employer selfemployed

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FOR LINE NUMBER: PAGE 115/115 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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. Date of Receipt 03 09 2007 Zip Code Transaction ID: SA11A1.6255 78504 Amount of Each Receipt this Period 250.00 contribution Occupation physician

SUBTOTAL of Receipts This Page (optional)		250.00
TOTAL This Period (last page this line number only)	<u> </u>	77438.47