

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 BORDER HEALTH FEDERAL PAC

ADDRESS (number and street) 612 W. Nolana Suite 340 Check if different than previously reported. (ACC) McAllen TX 78504

2. FEC IDENTIFICATION NUMBER C C00415752 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2014 through 03 / 31 / 2014

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

Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer Ernie Perez [Electronically Filed] Date 04 / 14 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**BORDER HEALTH FEDERAL PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="687101.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="687101.24"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="134240.50"/>	<input type="text" value="134240.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="821341.74"/>	<input type="text" value="821341.74"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="174097.81"/>	<input type="text" value="174097.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="647243.93"/>	<input type="text" value="647243.93"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="1800.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**BORDER HEALTH FEDERAL PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	99230.00	99230.00
(ii) Unitemized .....	30010.50	30010.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	129240.50	129240.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	129240.50	129240.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	134240.50	134240.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	134240.50	134240.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	89097.81	89097.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	89097.81	89097.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85000.00	85000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	174097.81	174097.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	174097.81	174097.81

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	129240.50	129240.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	129240.50	129240.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	89097.81	89097.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	89097.81	89097.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Dr. Ziad Abdeen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 809-A Savannah #3

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24663**

Amount of Each Receipt this Period  

125.00
--------

contribution

**B. Dr. Ziad Abdeen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 809-A Savannah #3

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25013**

Amount of Each Receipt this Period  

125.00
--------

contribution

**C. Charity Abreu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1619 heritage lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : SA11AI.24312**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Charity Abreu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1619 heritage lane  
City mission State TX Zip Code 78572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employee Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24665**  
Amount of Each Receipt this Period **250.00**  
contribution

**B. Charity Abreu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1619 heritage lane  
City mission State TX Zip Code 78572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employee Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25015**  
Amount of Each Receipt this Period **250.00**  
contribution

**C. Ricardo Abreu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 E. Xenops  
City McAllen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self employed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24666**  
Amount of Each Receipt this Period **150.00**  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**  
**TOTAL** This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Ricardo Abreu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200  
E. Xenops  
City McAllen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. C  
Name of Employer Self employed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2014  
**Transaction ID : SA11AI.25016**  
Amount of Each Receipt this Period  
150.00  
contribution

**B. Ruben Abreu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 augusta square  
City mcallen State TX Zip Code 78503  
FEC ID number of contributing federal political committee. C  
Name of Employer self-employee Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 15 / 2014  
**Transaction ID : SA11AI.24314**  
Amount of Each Receipt this Period  
250.00  
contribution

**C. Ruben Abreu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 augusta square  
City mcallen State TX Zip Code 78503  
FEC ID number of contributing federal political committee. C  
Name of Employer self-employee Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2014  
**Transaction ID : SA11AI.24667**  
Amount of Each Receipt this Period  
250.00  
contribution

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ruben Abreu</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014
Mailing Address 104 augusta square		<b>Transaction ID : SA11AI.25017</b>
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer self-employee	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Juan Aguilera</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014
Mailing Address 807 North Cage		<b>Transaction ID : SA11AI.24315</b>
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Juan Aguilera</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014
Mailing Address 807 North Cage		<b>Transaction ID : SA11AI.24668</b>
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 10 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Juan Aguilera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 807 North Cage  
 City Pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25018**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24318**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Michael Alleyn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5505 N. 4th  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24671**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

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

FOR LINE NUMBER: PAGE 11 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 5505 N. 4th

City State Zip Code  
mcallen TX 78501

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

Name of Employer Occupation  
self-employed private investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25021**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Dr. Hillary Almedia**

Mailing Address 900 E. Vermont

City State Zip Code  
McAllen TX 78504

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

Name of Employer Occupation  
Self employed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25022**

Amount of Each Receipt this Period  
 75.00  
 contribution

Full Name (Last, First, Middle Initial)  
**C. Michael Amyx**

Mailing Address 2108 Mynah

City State Zip Code  
mcallen TX 78501

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

Name of Employer Occupation  
self-employed private investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24321**

Amount of Each Receipt this Period  
 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2108 Mynah

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24674**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Michael Amyx**

Mailing Address 2108 Mynah

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25024**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**c. Dr. Jumar B. Apolinario**

Mailing Address 2805 Santa Erica

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physicaian

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25025**

Amount of Each Receipt this Period  
 100.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dario Arango</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24324</b>
Mailing Address 7004 N. Cynthia		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	
Zip Code 78504	FEC ID number of contributing federal political committee. C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dario Arango</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24677</b>
Mailing Address 7004 N. Cynthia		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	
Zip Code 78504	FEC ID number of contributing federal political committee. C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dario Arango</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25027</b>
Mailing Address 7004 N. Cynthia		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	
Zip Code 78504	FEC ID number of contributing federal political committee. C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

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

FOR LINE NUMBER: PAGE 14 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Julio Arias-Viaud**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 Santa Paula  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25030**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

**B. Dr. Pedro Arrazola**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5114 N. 10th Street  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25031**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

**C. Dr. Danilo Asase**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5216 Kensington Lane  
 City Brownsville State TX Zip Code 78526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25032**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Marilyn Assistores**  
Full Name (Last, First, Middle Initial)  
Marilyn Assistores  
Mailing Address 2222 La Condesa Drive  
City Edinburg State TX Zip Code 78539  
FEC ID number of contributing federal political committee. C  
Name of Employer selfemployed Occupation private investor  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 225.00

Date of Receipt 03 / 14 / 2014  
Transaction ID : SA11AI.25033  
Amount of Each Receipt this Period 75.00  
contribution

**B. Dr. Felipe Avila**  
Full Name (Last, First, Middle Initial)  
Felipe Avila  
Mailing Address 104 W. 20th Street  
City Weslaco State TX Zip Code 78596  
FEC ID number of contributing federal political committee. C  
Name of Employer self-employed Occupation doctor  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 250.00

Date of Receipt 01 / 15 / 2014  
Transaction ID : SA11AI.24332  
Amount of Each Receipt this Period 250.00  
contribution

**c. Dr. Felipe Avila**  
Full Name (Last, First, Middle Initial)  
Felipe Avila  
Mailing Address 104 W. 20th Street  
City Weslaco State TX Zip Code 78596  
FEC ID number of contributing federal political committee. C  
Name of Employer self-employed Occupation doctor  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 500.00

Date of Receipt 02 / 20 / 2014  
Transaction ID : SA11AI.24685  
Amount of Each Receipt this Period 250.00  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... 575.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 104 W. 20th Street

City Weslaco State TX Zip Code 78596

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

Name of Employer self-employed Occupation doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **03 / 14 / 2014**

**Transaction ID : SA11AI.25035**

Amount of Each Receipt this Period **250.00**

contribution

**B. Dr. Roberto A, Ayers**  
Full Name (Last, First, Middle Initial)

Mailing Address 1900 S. Jackson #7

City McAllen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 14 / 2014**

**Transaction ID : SA11AI.25037**

Amount of Each Receipt this Period **100.00**

contribution

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

Mailing Address 1503 S. Airport suite 6

City weslaco State TX Zip Code 78596

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **01 / 15 / 2014**

**Transaction ID : SA11AI.24335**

Amount of Each Receipt this Period **400.00**

contribution

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Murphy Badiga</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24688</b>
Mailing Address 1503 S. Airport suite 6		Amount of Each Receipt this Period 400.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Murphy Badiga</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25038</b>
Mailing Address 1503 S. Airport suite 6		Amount of Each Receipt this Period 400.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Marcos Barrera</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24691</b>
Mailing Address 3000 Yellowhammer		Amount of Each Receipt this Period 125.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	925.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Marcos Barrera**

Mailing Address 3000 Yellowhammer

City State Zip Code  
mcallen TX 78504

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

Name of Employer Occupation  
self-employed private investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25040**

Amount of Each Receipt this Period  
 125.00  
 contribution

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

Mailing Address 420 Frio

City State Zip Code  
mission TX 78572

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

Name of Employer Occupation  
self-employed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24338**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 420 Frio

City State Zip Code  
mission TX 78572

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

Name of Employer Occupation  
self-employed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24692**

Amount of Each Receipt this Period  
 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ricardo Barrera**  
Full Name (Last, First, Middle Initial)  
Mailing Address 420 Frio  
City mission State TX Zip Code 78572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25041**  
Amount of Each Receipt this Period **250.00**  
contribution

**B. Dr. Sebrahmanyan Behara**  
Full Name (Last, First, Middle Initial)  
Mailing Address 121 Cardinal  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 15 / 2014**  
**Transaction ID : SA11AI.24340**  
Amount of Each Receipt this Period **400.00**  
contribution

**C. Dr. Sebrahmanyan Behara**  
Full Name (Last, First, Middle Initial)  
Mailing Address 121 Cardinal  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24694**  
Amount of Each Receipt this Period **400.00**  
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Sebrahmany Behara**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25043**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24342**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24696**

Amount of Each Receipt this Period  
 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Juan Bernini</b>		Date of Receipt
Mailing Address 2804 Santa Ana		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.25045</b>
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Sarojini Bose</b>		Date of Receipt
Mailing Address 7007 N 1st Lane		<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.24343</b>
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Sarojini Bose</b>		Date of Receipt
Mailing Address 7007 N 1st Lane		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.24697</b>
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 7007 N 1st Lane

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25046**

Amount of Each Receipt this Period  
**250.00**

contribution

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

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2014**

**Transaction ID : SA11AI.24344**

Amount of Each Receipt this Period  
**400.00**

contribution

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

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 20 / 2014**

**Transaction ID : SA11AI.24698**

Amount of Each Receipt this Period  
**400.00**

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Francisco Bracamontes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 Cimarron Court  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25047**  
 Amount of Each Receipt this Period **400.00**  
 contribution

**B. Dr. Erasto Canales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 Bluebird  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24701**  
 Amount of Each Receipt this Period **125.00**  
 contribution

**C. Dr. Erasto Canales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 Bluebird  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25050**  
 Amount of Each Receipt this Period **125.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Alonzo Cantu</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24350</b>
Mailing Address P.O.Box 2673		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Alonzo Cantu</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24704</b>
Mailing Address P.O.Box 2673		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Alonzo Cantu</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25053</b>
Mailing Address P.O.Box 2673		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Joseph Caporusso</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 14 / 2014 <b>Transaction ID : SA11AI.25058</b>
Mailing Address 217 E. Yellowhammer		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Carlos Cardenas</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2014 <b>Transaction ID : SA11AI.24356</b>
Mailing Address 1000 N. Taylor Road		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Carlos Cardenas</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2014 <b>Transaction ID : SA11AI.24710</b>
Mailing Address 1000 N. Taylor Road		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1000 N. Taylor Road

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25059**

Amount of Each Receipt this Period  
 400.00  
 contribution

**B. Augusto Castrillon**  
Full Name (Last, First, Middle Initial)

Mailing Address 223 Rio Grande Drive

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24360**

Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Augusto Castrillon**  
Full Name (Last, First, Middle Initial)

Mailing Address 223 Rio Grande Drive

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24713**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Augusto Castrillon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 223 Rio Grande Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25062**  
 Amount of Each Receipt this Period **250.00**  
 contribution

**B. Norma Cavazos-Salas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2301 N. Bryan Road  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24714**  
 Amount of Each Receipt this Period **125.00**  
 contribution

**C. Norma Cavazos-Salas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2301 N. Bryan Road  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25063**  
 Amount of Each Receipt this Period **125.00**  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. R. Chandrarasekharan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1210 East 8th street  
 suite 1  
 City weslaco State TX Zip Code 78591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24715**  
 Amount of Each Receipt this Period  
 125.00  
 contribution

**B. R. Chandrarasekharan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1210 East 8th street  
 suite 1  
 City weslaco State TX Zip Code 78591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25064**  
 Amount of Each Receipt this Period  
 400.00  
 contribution

**C. Dr. Virah Cooper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 South 5th Street suite 7  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employee Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25065**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Donna Cooper-Dockery</b>		Date of Receipt
Mailing Address 2301 Solera Drive		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.24717</b>
Name of Employer self-employee		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dr. Donna Cooper-Dockery</b>		Date of Receipt
Mailing Address 2301 Solera Drive		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.25066</b>
Name of Employer self-employee		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dr. Oscar Cortez</b>		Date of Receipt
Mailing Address 4101 South Burns Drive		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.25068</b>
Name of Employer Self employed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Diana Cortinas</b>		Date of Receipt
Mailing Address 1400 Northgate Lane		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.24720</b>
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Diana Cortinas</b>		Date of Receipt
Mailing Address 1400 Northgate Lane		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.25069</b>
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Javier Cortinas</b>		Date of Receipt
Mailing Address 1400 Northgate		<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.24369</b>
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="650.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Javier Cortinas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1400 Northgate

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24722**

Amount of Each Receipt this Period  

250.00
--------

contribution

**B. Javier Cortinas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1400 Northgate

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25071**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24724**

Amount of Each Receipt this Period  

150.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. James Darling</b>		Date of Receipt
Mailing Address 1225 E Peking		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
mcallen	TX	78501
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
		contribution

Full Name (Last, First, Middle Initial) <b>B. David Deanda</b>		Date of Receipt
Mailing Address 2408 Dorado		<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
mission	TX	78574
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
		contribution

Full Name (Last, First, Middle Initial) <b>C. David Deanda</b>		Date of Receipt
Mailing Address 2408 Dorado		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code
mission	TX	78574
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
		contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="650.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25074**

Amount of Each Receipt this Period  
**250.00**

contribution

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

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2014**

**Transaction ID : SA11AI.24374**

Amount of Each Receipt this Period  
**250.00**

contribution

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

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 20 / 2014**

**Transaction ID : SA11AI.24727**

Amount of Each Receipt this Period  
**250.00**

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25076**

Amount of Each Receipt this Period  
**250.00**

contribution

**B. Luis Delgado Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5128 N. 10th

City Mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 20 / 2014**

**Transaction ID : SA11AI.24730**

Amount of Each Receipt this Period  
**150.00**

contribution

**C. Luis Delgado Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5128 N. 10th

City Mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25079**

Amount of Each Receipt this Period  
**150.00**

contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Parul Desai**  
Full Name (Last, First, Middle Initial)

Mailing Address 7004 North 1st

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25080**

Amount of Each Receipt this Period  

100.00
--------

contribution

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

Mailing Address 1615 Palazzo

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : SA11AI.24381**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

Mailing Address 1615 Palazzo

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24734**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

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

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

FOR LINE NUMBER: PAGE 36 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1615 Palazzo

City mission                      State TX                      Zip Code 78572

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

Name of Employer selfemployed                      Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25083**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 136 W. Yucca

City mcallent                      State TX                      Zip Code 78504

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

Name of Employer selfemployed                      Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24384**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 136 W. Yucca

City mcallent                      State TX                      Zip Code 78504

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

Name of Employer selfemployed                      Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24737**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 136 W. Yucca

City State Zip Code  
mcallent TX 78504

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
03 / 14 / 2014  
**Transaction ID : SA11AI.25086**

Amount of Each Receipt this Period  
250.00  
contribution

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

Mailing Address 2768 Pharmacy Road

City State Zip Code  
rio grande city TX 78582

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

Name of Employer Occupation  
self-employed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 14 / 2014  
**Transaction ID : SA11AI.25088**

Amount of Each Receipt this Period  
100.00  
contribution

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

Mailing Address 2212 Westway

City State Zip Code  
mcallen TX 78504

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

Name of Employer Occupation  
self-employed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 15 / 2014  
**Transaction ID : SA11AI.24387**

Amount of Each Receipt this Period  
250.00  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

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

FOR LINE NUMBER: PAGE 38 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 2212 Westway

City State Zip Code  
mcallen TX 78504

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

Name of Employer Occupation  
self-employed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24740**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 2212 Westway

City State Zip Code  
mcallen TX 78504

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

Name of Employer Occupation  
self-employed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25089**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 110 E. Savannah #101

City State Zip Code  
McAllen TX 78503

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

Name of Employer Occupation  
self-employed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24388**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Alexander Feigl**  
Full Name (Last, First, Middle Initial)  
Mailing Address 110 E. Savannah #101

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24741**

Amount of Each Receipt this Period  

250.00
--------

contribution

**B. Dr. Alexander Feigl**  
Full Name (Last, First, Middle Initial)  
Mailing Address 110 E. Savannah #101

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25090**

Amount of Each Receipt this Period  

250.00
--------

contribution

**C. Marco Flores**  
Full Name (Last, First, Middle Initial)  
Mailing Address 320 Primrose

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : SA11AI.24389**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 320 Primrose

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24742**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 320 Primrose

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25092**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 5936 N. Cynthia

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24393**

Amount of Each Receipt this Period  
 400.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2014  
**Transaction ID : SA11AI.24746**

Amount of Each Receipt this Period  
400.00  
contribution

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

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2014  
**Transaction ID : SA11AI.25096**

Amount of Each Receipt this Period  
400.00  
contribution

**C. Elvin Garcia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2800 Santa Teresa

City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2014  
**Transaction ID : SA11AI.24394**

Amount of Each Receipt this Period  
250.00  
contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Elvin Garcia</b>			Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24747</b>
Mailing Address 2800 Santa Teresa			Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Elvin Garcia</b>			Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25097</b>
Mailing Address 2800 Santa Teresa			Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C. Hiram Garcia</b>			Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24395</b>
Mailing Address 2712 E Mile 5 Road			Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78574	
FEC ID number of contributing federal political committee. C			
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hiram Garcia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2712 E Mile 5 Road

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

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

Name of Employer  
selfemployed  
Occupation  
physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 20 / 2014  
**Transaction ID : SA11AI.24748**

Amount of Each Receipt this Period  
250.00  
contribution

**B. Hiram Garcia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2712 E Mile 5 Road

City Mission	State TX	Zip Code 78574
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FEC ID number of contributing federal political committee. **C**

Name of Employer  
selfemployed  
Occupation  
physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
03 / 14 / 2014  
**Transaction ID : SA11AI.25098**

Amount of Each Receipt this Period  
250.00  
contribution

**C. Dr. Oscar Garcia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1717 Palazzo

City Mission	State TX	Zip Code 78572
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FEC ID number of contributing federal political committee. **C**

Name of Employer  
self-employed  
Occupation  
physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
01 / 15 / 2014  
**Transaction ID : SA11AI.24398**

Amount of Each Receipt this Period  
400.00  
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Oscar Garcia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1717 Palazzo

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

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

Name of Employer  
self-employed

Occupation  
physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
02 / 20 / 2014  
**Transaction ID : SA11AI.24751**

Amount of Each Receipt this Period  
400.00  
contribution

**B. Dr. Oscar Garcia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1717 Palazzo

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

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

Name of Employer  
self-employed

Occupation  
physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
03 / 14 / 2014  
**Transaction ID : SA11AI.25101**

Amount of Each Receipt this Period  
400.00  
contribution

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

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

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

Name of Employer  
self-employed

Occupation  
physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 14 / 2014  
**Transaction ID : SA11AI.25103**

Amount of Each Receipt this Period  
100.00  
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Samuel Garcia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 137 E. Guardiaen  
City McAllen State TX Zip Code 78501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25104**  
Amount of Each Receipt this Period **100.00**  
contribution

**B. Dr. Carlos Garcia-Cantu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4121 N. 10th #240  
City Mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 15 / 2014**  
**Transaction ID : SA11AI.24403**  
Amount of Each Receipt this Period **250.00**  
contribution

**C. Dr. Carlos Garcia-Cantu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4121 N. 10th #240  
City Mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24756**  
Amount of Each Receipt this Period **250.00**  
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25106**

Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Dr. James Garza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2821 Lakeshore Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24406**

Amount of Each Receipt this Period  
 400.00  
 contribution

**C. Dr. James Garza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2821 Lakeshore Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24759**

Amount of Each Receipt this Period  
 400.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Dr. James Garza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2821 Lakeshore Drive  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25109**  
 Amount of Each Receipt this Period **400.00**  
 contribution

**B. Rene Garza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5404 N. 1st street  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 15 / 2014**  
**Transaction ID : SA11AI.24408**  
 Amount of Each Receipt this Period **400.00**  
 contribution

**C. Rene Garza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5404 N. 1st street  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24761**  
 Amount of Each Receipt this Period **400.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Rene Garza</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25111</b>
Mailing Address 5404 N. 1st street		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Ayda Garza-Montalvo</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24762</b>
Mailing Address 2311 Silvarado North		Amount of Each Receipt this Period 125.00 contribution
City Palmhurst	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation self-employee physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Ayda Garza-Montalvo</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25112</b>
Mailing Address 2311 Silvarado North		Amount of Each Receipt this Period 125.00 contribution
City Palmhurst	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation self-employee physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Jesus Garza-Tamez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 W. Gardenia  
 City McAllen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**  
**Transaction ID : SA11AI.25113**  
 Amount of Each Receipt this Period  
**100.00**  
 contribution

**B. Lawrence Gelman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3900 Sundown Drive  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2014**  
**Transaction ID : SA11AI.24411**  
 Amount of Each Receipt this Period  
**400.00**  
 contribution

**C. Lawrence Gelman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3900 Sundown Drive  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 20 / 2014**  
**Transaction ID : SA11AI.24764**  
 Amount of Each Receipt this Period  
**400.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Lawrence Gelman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3900 Sundown Drive  
City mcallen State TX Zip Code 78503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 14 / 2014  
**Transaction ID : SA11AI.25114**  
Amount of Each Receipt this Period 400.00  
contribution

**B. Dr. Sathiyaraj George**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2607 Solera  
City Mission State TX Zip Code 78572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 15 / 2014  
**Transaction ID : SA11AI.24412**  
Amount of Each Receipt this Period 250.00  
contribution

**c. Dr. Sathiyaraj George**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2607 Solera  
City Mission State TX Zip Code 78572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2014  
**Transaction ID : SA11AI.24765**  
Amount of Each Receipt this Period 250.00  
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Sathiyaraj George</b>		Date of Receipt 03 / 14 / 2014 <b>Transaction ID : SA11AI.25115</b>
Mailing Address 2607 Solera		Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Richard Gillett</b>		Date of Receipt 03 / 14 / 2014 <b>Transaction ID : SA11AI.25117</b>
Mailing Address 54 South 10th		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Alvaro Giraldo</b>		Date of Receipt 03 / 14 / 2014 <b>Transaction ID : SA11AI.25118</b>
Mailing Address 106 W. Flamingo		Amount of Each Receipt this Period 100.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 52 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Juan Pablo Gomez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 Canary  
 City State Zip Code  
 McAllen TX 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24770**  
 Amount of Each Receipt this Period  
 200.00  
 contribution

**B. Dr. Juan Pablo Gomez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 Canary  
 City State Zip Code  
 McAllen TX 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25120**  
 Amount of Each Receipt this Period  
 200.00  
 contribution

**C. Ada Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 9817  
 City State Zip Code  
 alamo TX 78516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 selfemployed private investor  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25125**  
 Amount of Each Receipt this Period  
 75.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jaime Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3511 Plazas del Lago  
 City State Zip Code  
 edinburg TX 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 selfemployed private investor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24427**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Jaime Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3511 Plazas del Lago  
 City State Zip Code  
 edinburg TX 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 selfemployed private investor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24779**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Jaime Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3511 Plazas del Lago  
 City State Zip Code  
 edinburg TX 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 selfemployed private investor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25129**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) <b>A. Juan Gonzalez-Dickson</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24429</b>
Mailing Address 1501 Meadwood		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Juan Gonzalez-Dickson</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24781</b>
Mailing Address 1501 Meadwood		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Juan Gonzalez-Dickson</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25131</b>
Mailing Address 1501 Meadwood		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Verley Gordon</b>		Date of Receipt
Mailing Address 1700 E. Mile 3 Road		<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.24430</b>
Name of Employer selfemployed		Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	
		Amount of Each Receipt this Period <input type="text" value="250.00"/> contribution

Full Name (Last, First, Middle Initial) <b>B. Verley Gordon</b>		Date of Receipt
Mailing Address 1700 E. Mile 3 Road		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.24782</b>
Name of Employer selfemployed		Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	
		Amount of Each Receipt this Period <input type="text" value="250.00"/> contribution

Full Name (Last, First, Middle Initial) <b>C. Verley Gordon</b>		Date of Receipt
Mailing Address 1700 E. Mile 3 Road		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.25132</b>
Name of Employer selfemployed		Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	
		Amount of Each Receipt this Period <input type="text" value="250.00"/> contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Enrique Griego</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24431</b>
Mailing Address 905 Inspiratin Drive		Amount of Each Receipt this Period 400.00 contribution
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Enrique Griego</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24783</b>
Mailing Address 905 Inspiratin Drive		Amount of Each Receipt this Period 400.00 contribution
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Enrique Griego</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25133</b>
Mailing Address 905 Inspiratin Drive		Amount of Each Receipt this Period 400.00 contribution
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Daniel Guerra**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 S. Broadway

City Mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : SA11AI.24433**

Amount of Each Receipt this Period  

400.00
--------

contribution

**B. Daniel Guerra**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 S. Broadway

City Mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24785**

Amount of Each Receipt this Period  

400.00
--------

contribution

**C. Daniel Guerra**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 S. Broadway

City Mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25135**

Amount of Each Receipt this Period  

400.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 13337 Borolo Drive

City State Zip Code  
edinburg TX 78541

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 15 / 2014  
**Transaction ID : SA11AI.24435**

Amount of Each Receipt this Period  
250.00  
contribution

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

Mailing Address 13337 Borolo Drive

City State Zip Code  
edinburg TX 78541

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2014  
**Transaction ID : SA11AI.24787**

Amount of Each Receipt this Period  
250.00  
contribution

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

Mailing Address 13337 Borolo Drive

City State Zip Code  
edinburg TX 78541

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2014  
**Transaction ID : SA11AI.25138**

Amount of Each Receipt this Period  
250.00  
contribution

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

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

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

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

FOR LINE NUMBER: PAGE 59 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Alberto Gutierrez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6020 Wisconsin  
 City State Zip Code  
 edinburg TX 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 selfemployed physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24437**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Alberto Gutierrez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6020 Wisconsin  
 City State Zip Code  
 edinburg TX 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 selfemployed physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24789**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Alberto Gutierrez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6020 Wisconsin  
 City State Zip Code  
 edinburg TX 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 selfemployed physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25140**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Marco Gutierrez</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24438</b>
Mailing Address 511 N. Depot Road		Amount of Each Receipt this Period 400.00 contribution
City edenburg	State TX	Zip Code 78541
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Marco Gutierrez</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24790</b>
Mailing Address 511 N. Depot Road		Amount of Each Receipt this Period 400.00 contribution
City edenburg	State TX	Zip Code 78541
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Marco Gutierrez</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25141</b>
Mailing Address 511 N. Depot Road		Amount of Each Receipt this Period 400.00 contribution
City edenburg	State TX	Zip Code 78541
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Miguel Gutierrez</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24439</b>
Mailing Address 224 Lindberg		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 250.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Miguel Gutierrez</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24791</b>
Mailing Address 224 Lindberg		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 500.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Miguel Gutierrez</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25142</b>
Mailing Address 224 Lindberg		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 750.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 4008 Burns Drive South

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24441**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address 4008 Burns Drive South

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24793**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address 4008 Burns Drive South

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25145**

Amount of Each Receipt this Period  
 400.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Thomas Hausle</b>		Date of Receipt
Mailing Address 701 South J		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City McAllen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.25146</b>
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="75.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ambrosio Hernandez</b>		Date of Receipt
Mailing Address 2000 Dana		<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.24446</b>
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ambrosio Hernandez</b>		Date of Receipt
Mailing Address 2000 Dana		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.24798</b>
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ambrosio Hernandez</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25150</b>
Mailing Address 2000 Dana		Amount of Each Receipt this Period 250.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Maximiliano Hernandez</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24448</b>
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Maximiliano Hernandez</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24800</b>
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Maximiliano Hernandez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Byron Nelson Drive  
 #40 Villas Jardin  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25152**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Maria Hoffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 802 Inspiration Road  
 City pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24450**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Maria Hoffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 802 Inspiration Road  
 City pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24801**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

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

FOR LINE NUMBER: PAGE 66 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 802 Inspiration Road

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25153**

Amount of Each Receipt this Period  
**250.00**  
 contribution

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

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2014**

**Transaction ID : SA11AI.24452**

Amount of Each Receipt this Period  
**250.00**  
 contribution

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

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 20 / 2014**

**Transaction ID : SA11AI.24803**

Amount of Each Receipt this Period  
**250.00**  
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25155**

Amount of Each Receipt this Period  
**250.00**

contribution

Full Name (Last, First, Middle Initial)  
**B. Dr. Syed Husain**

Mailing Address 7020 N. 1st

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25156**

Amount of Each Receipt this Period  
**100.00**

contribution

Full Name (Last, First, Middle Initial)  
**C. Dr. Norma Iglesias**

Mailing Address 712 S. Cage

City Pharr State TX Zip Code 78577

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2014**

**Transaction ID : SA11AI.24454**

Amount of Each Receipt this Period  
**400.00**

contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Norma Iglesias**  
Full Name (Last, First, Middle Initial)  
Mailing Address 712 S. Cage

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24805**

Amount of Each Receipt this Period  

400.00
--------

contribution

**B. Dr. Norma Iglesias**  
Full Name (Last, First, Middle Initial)  
Mailing Address 712 S. Cage

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25157**

Amount of Each Receipt this Period  

400.00
--------

contribution

**C. Dr. Jose E. Igoa**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3716 S 'J' Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24806**

Amount of Each Receipt this Period  

125.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	925.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jose E. Igoa</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25158</b>
Mailing Address 3716 S 'J' Street		Amount of Each Receipt this Period 125.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Danielle Jinenez-Flores</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24459</b>
Mailing Address 4212 Lebanon		Amount of Each Receipt this Period 250.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Danielle Jinenez-Flores</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24810</b>
Mailing Address 4212 Lebanon		Amount of Each Receipt this Period 250.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Danielle Jinenez-Flores**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4212 Lebanon  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**  
**Transaction ID : SA11AI.25162**  
 Amount of Each Receipt this Period  
**250.00**  
 contribution

**B. Nelson Kalaf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 N. 8th Street  
 City mcAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2014**  
**Transaction ID : SA11AI.24462**  
 Amount of Each Receipt this Period  
**250.00**  
 contributon

**C. Nelson Kalaf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 N. 8th Street  
 City mcAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 20 / 2014**  
**Transaction ID : SA11AI.24813**  
 Amount of Each Receipt this Period  
**250.00**  
 contributon

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Nelson Kalaf</b>		Date of Receipt
Mailing Address 5401 N. 8th Street		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
mcAllen	TX	78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.25165</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Gauri Kanhere</b>		Date of Receipt
Mailing Address 2548 Palm Circle		<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
rio grande city	TX	78582
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.24463</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gauri Kanhere</b>		Date of Receipt
Mailing Address 2548 Palm Circle		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code
rio grande city	TX	78582
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.24814</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Gauri Kanhere**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2548 Palm Circle

City	State	Zip Code
rio grande city	TX	78582

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

Name of Employer	Occupation
selfemployed	physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25166**

Amount of Each Receipt this Period  

250.00
--------

contribution

**B. Dr. Adolfo Kaplan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7902 N. 2th Street

City	State	Zip Code
McAllen	TX	78504

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

Name of Employer	Occupation
self-employed	physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24815**

Amount of Each Receipt this Period  

200.00
--------

contribution

**C. Dr. Adolfo Kaplan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7902 N. 2th Street

City	State	Zip Code
McAllen	TX	78504

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

Name of Employer	Occupation
self-employed	physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25167**

Amount of Each Receipt this Period  

200.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Gholam Kiani</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24467</b>
Mailing Address 213 e. Xenops		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Gholam Kiani</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24818</b>
Mailing Address 213 e. Xenops		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Gholam Kiani</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25170</b>
Mailing Address 213 e. Xenops		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

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

FOR LINE NUMBER: PAGE 74 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mary Elizabeth Klenz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5111 N. 10th Street  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24820**  
 Amount of Each Receipt this Period  
 150.00  
 contribution

**B. Mary Elizabeth Klenz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5111 N. 10th Street  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25172**  
 Amount of Each Receipt this Period  
 150.00  
 contribution

**C. Jorge Kutugata**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Rt 2 Box 522-K  
 City weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24470**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address Rt 2 Box 522-K

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 20 / 2014**

**Transaction ID : SA11AI.24822**

Amount of Each Receipt this Period  
**250.00**

contribution

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

Mailing Address Rt 2 Box 522-K

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25173**

Amount of Each Receipt this Period  
**250.00**

contribution

**C. Dr. Raul Ledesma**  
Full Name (Last, First, Middle Initial)

Mailing Address 5508 N. 1st Street

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25176**

Amount of Each Receipt this Period  
**100.00**

contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 158
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dale Linebarger</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24479</b>
Mailing Address 901 West 9th Street #405		Amount of Each Receipt this Period 400.00 contribution
City austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation private investor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

Full Name (Last, First, Middle Initial) <b>B. Dale Linebarger</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24831</b>
Mailing Address 901 West 9th Street #405		Amount of Each Receipt this Period 400.00 contribution
City austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation private investor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00

Full Name (Last, First, Middle Initial) <b>C. Dale Linebarger</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25181</b>
Mailing Address 901 West 9th Street #405		Amount of Each Receipt this Period 400.00 contribution
City austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation private investor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Linette Linsangan**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 E. Yellowhammer

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25182**

Amount of Each Receipt this Period  
 100.00  
 contribution

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

Mailing Address 7609 N. 24th Circle

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25187**

Amount of Each Receipt this Period  
 100.00  
 contribution

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

Mailing Address 1311 6th E. Street

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25188**

Amount of Each Receipt this Period  
 275.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3801 Sundown Court East

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	15	/	2014

**Transaction ID : SA11AI.24491**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

Mailing Address 3801 Sundown Court East

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24843**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

Mailing Address 3801 Sundown Court East

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25193**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Roberto M. Mangoo-Karim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3817 Sundown Ct  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2014  
**Transaction ID : SA11AI.24844**  
 Amount of Each Receipt this Period 125.00  
 contribution

**B. Dr. Roberto M. Mangoo-Karim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3817 Sundown Ct  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 14 / 2014  
**Transaction ID : SA11AI.25194**  
 Amount of Each Receipt this Period 125.00  
 contribution

**C. Carlos Manrique**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Cardinal  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 15 / 2014  
**Transaction ID : SA11AI.24493**  
 Amount of Each Receipt this Period 400.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 650.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 116 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 20 / 2014**

**Transaction ID : SA11AI.24845**

Amount of Each Receipt this Period  
**400.00**

contribution

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

Mailing Address 116 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25195**

Amount of Each Receipt this Period  
**400.00**

contribution

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

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2014**

**Transaction ID : SA11AI.24494**

Amount of Each Receipt this Period  
**400.00**

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Agustin Martinez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7603 N. 2nd Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24847**

Amount of Each Receipt this Period  

400.00
--------

contribution

**B. Agustin Martinez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7603 N. 2nd Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25196**

Amount of Each Receipt this Period  

400.00
--------

contribution

**C. Ricardo Martinez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1903 W. Smith

City edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : SA11AI.24495**

Amount of Each Receipt this Period  

250.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1903 W. Smith

City State Zip Code  
edenburg TX 78539

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2014  
**Transaction ID : SA11AI.24848**

Amount of Each Receipt this Period  
250.00  
contribution

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

Mailing Address 1903 W. Smith

City State Zip Code  
edenburg TX 78539

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2014  
**Transaction ID : SA11AI.25197**

Amount of Each Receipt this Period  
250.00  
contribution

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

Mailing Address 2809 Santa Lydia

City State Zip Code  
Mission TX 78572

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

Name of Employer Occupation  
self-employee physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2014  
**Transaction ID : SA11AI.25198**

Amount of Each Receipt this Period  
100.00  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Santos Martinez</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24497</b>
Mailing Address 125 East Yucca		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Santos Martinez</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24850</b>
Mailing Address 125 East Yucca		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Santos Martinez</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25199</b>
Mailing Address 125 East Yucca		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Nelson Mata**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1705 Palazzo  
City Mission State TX Zip Code 78572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25201**  
Amount of Each Receipt this Period **100.00**  
contribution

**B. Bertha Medina**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1300 1 1/2 Street  
City mcallen State TX Zip Code 78501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 15 / 2014**  
**Transaction ID : SA11AI.24503**  
Amount of Each Receipt this Period **400.00**  
contribution

**C. Bertha Medina**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1300 1 1/2 Street  
City mcallen State TX Zip Code 78501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24856**  
Amount of Each Receipt this Period **400.00**  
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bertha Medina**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1300 1 1/2 Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25205**

Amount of Each Receipt this Period  

400.00
--------

contribution

**B. Dr. Carlos Mego**  
Full Name (Last, First, Middle Initial)  
Mailing Address 602 McColl Circle

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : SA11AI.24505**

Amount of Each Receipt this Period  

400.00
--------

contribution

**C. Dr. Carlos Mego**  
Full Name (Last, First, Middle Initial)  
Mailing Address 602 McColl Circle

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24858**

Amount of Each Receipt this Period  

400.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Carlos Mego**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 602 McColl Circle  
 City McAllen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25207**  
 Amount of Each Receipt this Period  
**400.00**  
 contribution

**B. Dr. Intiaz Mehkri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7120 Ware Road  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25208**  
 Amount of Each Receipt this Period  
**90.00**  
 contribution

**C. Manuel Mercado**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3002 Santa Susana  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24510**  
 Amount of Each Receipt this Period  
**250.00**  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... **740.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 87 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 3002 Santa Susana

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24862**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Manuel Mercado**

Mailing Address 3002 Santa Susana

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25211**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**C. Dr. Emil Milano**

Mailing Address 225 E. Cornell

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25213**

Amount of Each Receipt this Period  
 100.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Carlos N Mohamed Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2821 Michael Angelo  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25215**  
 Amount of Each Receipt this Period **100.00**  
 contribution

**B. Dr. Ruben Mohme**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7309 N. 4th Street  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25218**  
 Amount of Each Receipt this Period **100.00**  
 contribution

**C. Dr. Armando Moncada**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1421 North 2nd Street  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employee Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 15 / 2014**  
**Transaction ID : SA11AI.24518**  
 Amount of Each Receipt this Period **400.00**  
 contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Armando Moncada**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1421 North 2nd Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24870**

Amount of Each Receipt this Period  

400.00
--------

contribution

**B. Dr. Armando Moncada**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1421 North 2nd Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25219**

Amount of Each Receipt this Period  

400.00
--------

contribution

**C. Carlos Morales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3325 Kent Lane

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : SA11AI.24520**

Amount of Each Receipt this Period  

400.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Carlos Morales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3325 Kent Lane

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24872**

Amount of Each Receipt this Period  

400.00
--------

contribution

**B. Carlos Morales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3325 Kent Lane

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25221**

Amount of Each Receipt this Period  

400.00
--------

contribution

**C. Leonel Moreno**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1608 Woods Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : SA11AI.24522**

Amount of Each Receipt this Period  

250.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Leonel Moreno**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1608 Woods Drive  
City mission State TX Zip Code 78572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24874**  
Amount of Each Receipt this Period **250.00**  
contribution

**B. Leonel Moreno**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1608 Woods Drive  
City mission State TX Zip Code 78572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25223**  
Amount of Each Receipt this Period **250.00**  
contribution

**c. Dr. William O'Callaghan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 111 NE Augusta Square  
City McAllen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25227**  
Amount of Each Receipt this Period **100.00**  
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Alfonso Ochoa**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 W. 18th Street

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		14		2014

**Transaction ID : SA11AI.25228**

Amount of Each Receipt this Period  

100.00
--------

contribution

**B. Mr. Ricardo Ochoa**  
Full Name (Last, First, Middle Initial)

Mailing Address 2421 N. 'J' Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		14		2014

**Transaction ID : SA11AI.25231**

Amount of Each Receipt this Period  

100.00
--------

contribution

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

Mailing Address 2604 Santa Teresa

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

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

Name of Employer self-employed	Occupation doctor
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		14		2014

**Transaction ID : SA11AI.25232**

Amount of Each Receipt this Period  

100.00
--------

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Noel Oliveira**  
Full Name (Last, First, Middle Initial)

Mailing Address 9917 Bentsen Road

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 14 / 2014  
**Transaction ID : SA11AI.25233**

Amount of Each Receipt this Period 100.00 contribution

**B. Dr. Athanaji Orfanos**  
Full Name (Last, First, Middle Initial)

Mailing Address 3013 Lakeshore Drive

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 14 / 2014  
**Transaction ID : SA11AI.25234**

Amount of Each Receipt this Period 100.00 contribution

**C. Armando Osio**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 Tulip

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 15 / 2014  
**Transaction ID : SA11AI.24539**

Amount of Each Receipt this Period 250.00 contribution

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

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

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

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

FOR LINE NUMBER: PAGE 94 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 600 Tulip

City State Zip Code  
mcallen TX 78504

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24889**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Armando Osio**

Mailing Address 600 Tulip

City State Zip Code  
mcallen TX 78504

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25238**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**C. Fernando Otero**

Mailing Address 121 E. Quamasia #148

City State Zip Code  
mcallen TX 78501

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24541**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Fernando Otero</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24891</b>
Mailing Address 121 E. Quamasia #148		Amount of Each Receipt this Period 250.00 contribution
City mcallen State TX Zip Code 78501	FEC ID number of contributing federal political committee. C	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Fernando Otero</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25240</b>
Mailing Address 121 E. Quamasia #148		Amount of Each Receipt this Period 250.00 contribution
City mcallen State TX Zip Code 78501	FEC ID number of contributing federal political committee. C	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kip Owen</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25241</b>
Mailing Address 2305 Red River		Amount of Each Receipt this Period 100.00 contribution
City mcallen State TX Zip Code 78572	FEC ID number of contributing federal political committee. C	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 96 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 121 Canary

City State Zip Code  
mcallen TX 78504

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24545**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Prakash Palimar**

Mailing Address 121 Canary

City State Zip Code  
mcallen TX 78504

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24895**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**C. Prakash Palimar**

Mailing Address 121 Canary

City State Zip Code  
mcallen TX 78504

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25244**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2004 Alexander Drive

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25245**

Amount of Each Receipt this Period  
 100.00  
 contribution

**B. Dr. Harold J. Pean**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 Brazos

City Mission State TX Zip Code 78572

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

Name of Employer Self employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25246**

Amount of Each Receipt this Period  
 100.00  
 contribution

**C. Dr. Guillermo Pechero**  
Full Name (Last, First, Middle Initial)

Mailing Address 2312 La Condesa

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24548**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Guillermo Pechero**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2312 La Condesa

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24898**

Amount of Each Receipt this Period  

250.00
--------

contribution

**B. Dr. Guillermo Pechero**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2312 La Condesa

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25247**

Amount of Each Receipt this Period  

250.00
--------

contribution

**C. Jose Pena**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Bluebird

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : SA11AI.24550**

Amount of Each Receipt this Period  

400.00
--------

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jose Pena**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Bluebird  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24901**  
Amount of Each Receipt this Period **400.00**  
contribution

**B. Jose Pena**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Bluebird  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25249**  
Amount of Each Receipt this Period **400.00**  
contribution

**C. Juan Pena**  
Full Name (Last, First, Middle Initial)  
Mailing Address 905 S. Huisache Court  
City pharr State TX Zip Code 78577  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 15 / 2014**  
**Transaction ID : SA11AI.24551**  
Amount of Each Receipt this Period **400.00**  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... **1200.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Juan Pena**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 905 S. Huisache Court  
 City pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation private investor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24902**  
 Amount of Each Receipt this Period **400.00**  
 contribution

**B. Juan Pena**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 905 S. Huisache Court  
 City pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation private investor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25250**  
 Amount of Each Receipt this Period **400.00**  
 contribution

**C. Dr. Raul Pena**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3500 San Clemente  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24903**  
 Amount of Each Receipt this Period **125.00**  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... **925.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 101 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Raul Pena**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3500 San Clemente  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25251**  
 Amount of Each Receipt this Period **125.00**  
 contribution

**B. Dr. Pedro Penalo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 906 S. Bridge  
 City Weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24904**  
 Amount of Each Receipt this Period **200.00**  
 contribution

**C. Dr. Pedro Penalo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 906 S. Bridge  
 City Weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25252**  
 Amount of Each Receipt this Period **200.00**  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Florencia Perez</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25254</b>
Mailing Address 4600 Victoria		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Claudia Pierson</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24558</b>
Mailing Address 6912 N. Peking		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Claudia Pierson</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24909</b>
Mailing Address 6912 N. Peking		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6912 N. Peking

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25257**

Amount of Each Receipt this Period  
 400.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Sergio Preciado**

Mailing Address 521 E. Bluebird

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24561**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**C. Sergio Preciado**

Mailing Address 521 E. Bluebird

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24912**

Amount of Each Receipt this Period  
 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 521 E. Bluebird

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25260**

Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Dr. Ernesto Ramirez**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 720298

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25265**

Amount of Each Receipt this Period  
 100.00  
 contribution

**C. Sergio Ramirez**  
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Woods Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24568**

Amount of Each Receipt this Period  
 250.00  
 contribution

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



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

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

FOR LINE NUMBER: PAGE 105 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Sergio Ramirez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1608 Woods Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24919**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Sergio Ramirez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1608 Woods Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25267**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Gustavo Ramos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 S. Perking  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physicaian  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24569**  
 Amount of Each Receipt this Period  
 300.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Gustavo Ramos</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24920</b>
Mailing Address 1301 S. Perking		Amount of Each Receipt this Period 300.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 600.00	
Name of Employer selfemployed	Occupation physicain	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Gustavo Ramos</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25268</b>
Mailing Address 1301 S. Perking		Amount of Each Receipt this Period 300.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 900.00	
Name of Employer selfemployed	Occupation physicain	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Shahid Rashid</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25273</b>
Mailing Address 112 Canary		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 300.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. R.V. Reddy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Southland Drive

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24926**

Amount of Each Receipt this Period  
 125.00  
 contribution

**B. R.V. Reddy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Southland Drive

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25274**

Amount of Each Receipt this Period  
 125.00  
 contribution

**C. Vangala Reddy**  
Full Name (Last, First, Middle Initial)

Mailing Address 605 Tulip

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24927**

Amount of Each Receipt this Period  
 200.00  
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 605 Tulip

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25275**

Amount of Each Receipt this Period  
**200.00**

contribution

**B. William Restrepo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1117 S. Cynthia

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2014**

**Transaction ID : SA11AI.24578**

Amount of Each Receipt this Period  
**250.00**

contribution

**C. William Restrepo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1117 S. Cynthia

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 20 / 2014**

**Transaction ID : SA11AI.24930**

Amount of Each Receipt this Period  
**250.00**

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. William Restrepo</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25277</b>
Mailing Address 1117 S. Cynthia		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Mihaela Ringheanu</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24932</b>
Mailing Address 3214 Banyan Circle		Amount of Each Receipt this Period 125.00 contribution
City Harlingen	State TX	Zip Code 78550
FEC ID number of contributing federal political committee. C	Name of Employer Self employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>c. Dr. Mihaela Ringheanu</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25279</b>
Mailing Address 3214 Banyan Circle		Amount of Each Receipt this Period 125.00 contribution
City Harlingen	State TX	Zip Code 78550
FEC ID number of contributing federal political committee. C	Name of Employer Self employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 100 E. Houston

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24581**

Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Homero Rivas**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 E. Houston

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24933**

Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Homero Rivas**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 E. Houston

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25281**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Benjamin Robalino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1217 S. Cynthia  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24582**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Benjamin Robalino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1217 S. Cynthia  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24934**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Benjamin Robalino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1217 S. Cynthia  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25282**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Edgar Rodriguez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 815 Crown Circle

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25287**

Amount of Each Receipt this Period  

100.00
--------

contribution

**B. Dr. Henry E. Ruiz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 208 W. Pelician

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24941**

Amount of Each Receipt this Period  

150.00
--------

contribution

**C. Dr. Henry E. Ruiz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 208 W. Pelician

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25289**

Amount of Each Receipt this Period  

150.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Paulette Saca**  
Full Name (Last, First, Middle Initial)  
Mailing Address 109 Condor  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25292**  
Amount of Each Receipt this Period **75.00**  
contribution

**B. Javier Saenz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2308 Monaco Drive  
City mission State TX Zip Code 78574  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 15 / 2014**  
**Transaction ID : SA11AI.24593**  
Amount of Each Receipt this Period **400.00**  
contribution

**C. Javier Saenz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2308 Monaco Drive  
City mission State TX Zip Code 78574  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24945**  
Amount of Each Receipt this Period **400.00**  
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Javier Saenz</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25293</b>
Mailing Address 2308 Monaco Drive		Amount of Each Receipt this Period 400.00 contribution
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. JJ Saenz</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24594</b>
Mailing Address 2400 S.E. Augusta Square		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. JJ Saenz</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24946</b>
Mailing Address 2400 S.E. Augusta Square		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2400 S.E. Augusta Square

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25294**

Amount of Each Receipt this Period  
**250.00**  
 contribution

**B. Larry Safir**  
Full Name (Last, First, Middle Initial)

Mailing Address 3300 S. 2nd suite 10

City mcallen State TX Zip Code 78503

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2014**

**Transaction ID : SA11AI.24595**

Amount of Each Receipt this Period  
**400.00**  
 contribution

**C. Larry Safir**  
Full Name (Last, First, Middle Initial)

Mailing Address 3300 S. 2nd suite 10

City mcallen State TX Zip Code 78503

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 20 / 2014**

**Transaction ID : SA11AI.24947**

Amount of Each Receipt this Period  
**400.00**  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ► **1050.00**

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

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

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

FOR LINE NUMBER: PAGE 116 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 3300 S. 2nd  
suite 10

City State Zip Code  
mcallen TX 78503

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

Name of Employer Occupation  
self-employed private investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25295**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address 801 E Nolana Loop

City State Zip Code  
McAllen TX 78504

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24596**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 801 E Nolana Loop

City State Zip Code  
McAllen TX 78504

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24948**

Amount of Each Receipt this Period  
 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 801 E Nolana Loop

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25296**

Amount of Each Receipt this Period  
**250.00**

contribution

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

Mailing Address 801 W. 2th

City Mercedes State TX Zip Code 78578

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

Name of Employer Self employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25298**

Amount of Each Receipt this Period  
**100.00**

contribution

**C. Dr. Mariano Salinas**  
Full Name (Last, First, Middle Initial)

Mailing Address 2203 Red River

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25299**

Amount of Each Receipt this Period  
**100.00**

contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Elisa Garza Sanchez</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014
Mailing Address 3509 N. Glasscock		<b>Transaction ID : SA11AI.24952</b>
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Self employed		contribution
Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) <b>B. Elisa Garza Sanchez</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014
Mailing Address 3509 N. Glasscock		<b>Transaction ID : SA11AI.25300</b>
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Self employed		contribution
Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00

Full Name (Last, First, Middle Initial) <b>C. Manuel Sanchez</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014
Mailing Address 2804 Santa Lydia		<b>Transaction ID : SA11AI.25301</b>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer selfemployed		contribution
Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Victor Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1868  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24602**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Mr. Victor Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1868  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24954**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Mr. Victor Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1868  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25302**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Samuel Serna**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 E. Cornell

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25308**

Amount of Each Receipt this Period  
 100.00  
 contribution

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

Mailing Address 4000 Burns Drive

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24608**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address 4000 Burns Drive

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24960**

Amount of Each Receipt this Period  
 400.00  
 contribution

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



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

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

FOR LINE NUMBER: PAGE 121 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 4000 Burns Drive

City State Zip Code  
mcallen TX 78503

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25311**

Amount of Each Receipt this Period  
 400.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Dennis Slavin**

Mailing Address 1501 S. Oklahoma

City State Zip Code  
weslaco TX 78596

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25315**

Amount of Each Receipt this Period  
 100.00  
 contribution

Full Name (Last, First, Middle Initial)  
**C. Joel Solis**

Mailing Address 405 E. Avocet

City State Zip Code  
Mcallen TX 78501

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

Name of Employer Occupation  
self-employed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24966**

Amount of Each Receipt this Period  
 150.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Joel Solis</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25317</b>
Mailing Address 405 E. Avocet		Amount of Each Receipt this Period 150.00 contribution
City Mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Hector Soto</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24615</b>
Mailing Address 101 South Greenbriar		Amount of Each Receipt this Period 400.00 contribution
City McAllen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Hector Soto</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24967</b>
Mailing Address 101 South Greenbriar		Amount of Each Receipt this Period 400.00 contribution
City McAllen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Hector Soto**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 South Greenbriar

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25318**

Amount of Each Receipt this Period  

400.00
--------

contribution

**B. Dr. Jyothi Swarup**  
Full Name (Last, First, Middle Initial)

Mailing Address 8109 N. 1st Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25322**

Amount of Each Receipt this Period  

100.00
--------

contribution

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

Mailing Address 3012 Laurie Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : SA11AI.24622**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

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

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

FOR LINE NUMBER: PAGE 124 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Alejandro Tey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3012 Laurie Lane  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24974**  
 Amount of Each Receipt this Period **250.00**  
 contribution

**B. Alejandro Tey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3012 Laurie Lane  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25325**  
 Amount of Each Receipt this Period **250.00**  
 contribution

**C. Jose Trejo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 S. Broadway  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation private investor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 15 / 2014**  
**Transaction ID : SA11AI.24625**  
 Amount of Each Receipt this Period **250.00**  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 112 S. Broadway

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 20 / 2014**

**Transaction ID : SA11AI.24977**

Amount of Each Receipt this Period  
**250.00**  
 contribution

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

Mailing Address 112 S. Broadway

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25328**

Amount of Each Receipt this Period  
**250.00**  
 contribution

**C. Dr. Krishna Turlapati**  
Full Name (Last, First, Middle Initial)

Mailing Address 9123 1st Street

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25330**

Amount of Each Receipt this Period  
**100.00**  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial) <b>A. Susan Turley</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 <b>Transaction ID : SA11AI.24628</b>
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Susan Turley</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 <b>Transaction ID : SA11AI.24980</b>
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Susan Turley</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : SA11AI.25331</b>
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

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

FOR LINE NUMBER: PAGE 127 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Marcel Twahirwa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2403 El Encino Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24629**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Marcel Twahirwa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2403 El Encino Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24981**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Marcel Twahirwa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2403 El Encino Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25332**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Theresa Valladares**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2302 Red River Drive  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 14 / 2014**  
**Transaction ID : SA11AI.25334**  
 Amount of Each Receipt this Period **100.00**  
 contribution

**B. Jose Vasquez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2548 Palm Circle  
 City rio grande city State TX Zip Code 78582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 15 / 2014**  
**Transaction ID : SA11AI.24632**  
 Amount of Each Receipt this Period **250.00**  
 contribution

**C. Jose Vasquez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2548 Palm Circle  
 City rio grande city State TX Zip Code 78582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 20 / 2014**  
**Transaction ID : SA11AI.24984**  
 Amount of Each Receipt this Period **250.00**  
 contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2548 Palm Circle

City State Zip Code  
rio grande city TX 78582

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2014  
**Transaction ID : SA11AI.25335**

Amount of Each Receipt this Period  
250.00  
contribution

**B. Dr. Efraim Vela**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 E. Ridge Road #B

City State Zip Code  
McAllen TX 78503

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 15 / 2014  
**Transaction ID : SA11AI.24636**

Amount of Each Receipt this Period  
250.00  
contribution

**C. Dr. Efraim Vela**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 E. Ridge Road #B

City State Zip Code  
McAllen TX 78503

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2014  
**Transaction ID : SA11AI.24988**

Amount of Each Receipt this Period  
250.00  
contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Efraim Vela**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 E. Ridge Road #B

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25339**

Amount of Each Receipt this Period  

250.00
--------

contribution

**B. Ramiro Verdoreen**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 E. Newport

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : SA11AI.24639**

Amount of Each Receipt this Period  

400.00
--------

contribution

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

Mailing Address 301 E. Newport

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.24991**

Amount of Each Receipt this Period  

400.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ramiro Verdoreen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 E. Newport  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25342**  
 Amount of Each Receipt this Period  
 400.00  
 contribution

**B. Carlos Villalta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 1632  
 City mission State TX Zip Code 78573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.24993**  
 Amount of Each Receipt this Period  
 125.00  
 contribution

**C. Carlos Villalta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 1632  
 City mission State TX Zip Code 78573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25344**  
 Amount of Each Receipt this Period  
 125.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 801 E. Nolana  
Suite 4

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
02 / 20 / 2014  
**Transaction ID : SA11AI.25011**

Amount of Each Receipt this Period  
200.00  
contribution

**B. Rita Villanueva**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana  
Suite 4

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
03 / 14 / 2014  
**Transaction ID : SA11AI.25345**

Amount of Each Receipt this Period  
200.00  
contribution

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

Mailing Address 901 W. Moore

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
03 / 14 / 2014  
**Transaction ID : SA11AI.25347**

Amount of Each Receipt this Period  
90.00  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 490.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Roger Vitko</b>		Date of Receipt
Mailing Address 1017 south 1st		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.24997</b>
Name of Employer self-employed	Occupation physician	Amount of Each Receipt this Period <input type="text" value="150.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	contribution

Full Name (Last, First, Middle Initial) <b>B. Roger Vitko</b>		Date of Receipt
Mailing Address 1017 south 1st		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.25348</b>
Name of Employer self-employed	Occupation physician	Amount of Each Receipt this Period <input type="text" value="150.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	contribution

Full Name (Last, First, Middle Initial) <b>C. Raymond Walker</b>		Date of Receipt
Mailing Address 1117 Shallow apt 4		<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.24646</b>
Name of Employer self-employed	Occupation private investor	Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="550.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 134 OF 158
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Raymond Walker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1117 Shallow apt 4  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2014  
**Transaction ID : SA11AI.24998**  
Amount of Each Receipt this Period  
250.00  
contribution

**B. Raymond Walker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1117 Shallow apt 4  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2014  
**Transaction ID : SA11AI.25349**  
Amount of Each Receipt this Period  
250.00  
contribution

**C. Patrick Wilcox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 111 Rio Grande  
City mission State TX Zip Code 78572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2014  
**Transaction ID : SA11AI.25351**  
Amount of Each Receipt this Period  
100.00  
contribution

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

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

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

FOR LINE NUMBER: PAGE 135 OF 158  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 6905  
N. Cynthia

City McAllen State TX Zip Code 78504

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

Name of Employer Self-employed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2014  
**Transaction ID : SA11AI.24653**

Amount of Each Receipt this Period  
 300.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Subbarao Yarra**

Mailing Address 6905  
N. Cynthia

City McAllen State TX Zip Code 78504

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

Name of Employer Self-employed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2014  
**Transaction ID : SA11AI.25005**

Amount of Each Receipt this Period  
 300.00  
 contribution

Full Name (Last, First, Middle Initial)  
**C. Subbarao Yarra**

Mailing Address 6905  
N. Cynthia

City McAllen State TX Zip Code 78504

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

Name of Employer Self-employed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.25356**

Amount of Each Receipt this Period  
 300.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Christopher Zaleski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6804 N. 1st

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : SA11AI.24654**

Amount of Each Receipt this Period  

250.00
--------

contribution

**B. Dr. Christopher Zaleski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6804 N. 1st

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : SA11AI.25006**

Amount of Each Receipt this Period  

250.00
--------

contribution

**C. Dr. Christopher Zaleski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6804 N. 1st

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.25357**

Amount of Each Receipt this Period  

250.00
--------

contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 316 Xenops

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 20 / 2014**

**Transaction ID : SA11AI.25007**

Amount of Each Receipt this Period  
**200.00**

contribution

**B. Hugo Zapata**  
Full Name (Last, First, Middle Initial)

Mailing Address 316 Xenops

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25358**

Amount of Each Receipt this Period  
**200.00**

contribution

**C. Dr. Fuad Zayed**  
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Sweet Lane

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.25360**

Amount of Each Receipt this Period  
**75.00**

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>475.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>99230.00</b>

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

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

FOR LINE NUMBER: PAGE 138 OF 158  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. DEWHURST FOR TEXAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 BARTON SPRINGS RD STE 150  
 City State Zip Code  
 AUSTIN TX 78704  
 FEC ID number of contributing federal political committee. **C** C00499350  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2014  
**Transaction ID : SA16.25363**  
 Amount of Each Receipt this Period  
 5000.00  
 refund of contribution - general - 2012

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ms Eliza Alvardo**

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2014

**Transaction ID : SB21B.25364**

Amount of Each Disbursement this Period

2971.94

Full Name (Last, First, Middle Initial)

**B. Ms Eliza Alvardo**

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2014

**Transaction ID : SB21B.25365**

Amount of Each Disbursement this Period

2491.07

Full Name (Last, First, Middle Initial)

**C. Ms Eliza Alvardo**

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2014

**Transaction ID : SB21B.25366**

Amount of Each Disbursement this Period

2491.06

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

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

7954.07

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. ATT**

Mailing Address P.O. Box 930170

City Dallas State TX Zip Code 75393

Purpose of Disbursement  
telephone land lines

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2014

**Transaction ID : SB21B.25386**

Amount of Each Disbursement this Period

251.60

Full Name (Last, First, Middle Initial)

**B. ATT**

Mailing Address P.O. Box 930170

City Dallas State TX Zip Code 75393

Purpose of Disbursement  
telephone land lines

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2014

**Transaction ID : SB21B.25382**

Amount of Each Disbursement this Period

250.81

Full Name (Last, First, Middle Initial)

**C. Ms Sandra Escamilla**

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
contract services - salary expenditure

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 10 / 2014

**Transaction ID : SB21B.25368**

Amount of Each Disbursement this Period

838.87

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

1341.28

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ms Sandra Escamilla**

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
contract services - salary expenditure

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25369**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms Sandra Escamilla**

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
contract services - salary expenditure

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25370**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ms Sandra Escamilla**

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
contract services - salary expenditure

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25371**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ms Sandra Escamilla**

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
contract services - salary expenditure

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25372**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms Sandra Escamilla**

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
contract services - salary expenditure

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25373**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Nicole Gonzales-Leal**

Mailing Address 2401 W. Rhin Drive

City Edinburg State TX Zip Code 78539

Purpose of Disbursement  
contract labor

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25421**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Nicole Gonzales-Leal**

Mailing Address 2401 W. Rhin Drive

City Edinburg State TX Zip Code 78539

Purpose of Disbursement  
contract labor

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 24 / 2014

Transaction ID : SB21B.25389

Amount of Each Disbursement this Period

638.14

Full Name (Last, First, Middle Initial)

**B. Nicole Gonzales-Leal**

Mailing Address 2401 W. Rhin Drive

City Edinburg State TX Zip Code 78539

Purpose of Disbursement  
contract labor

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2014

Transaction ID : SB21B.25429

Amount of Each Disbursement this Period

653.89

Full Name (Last, First, Middle Initial)

**C. Nicole Gonzales-Leal**

Mailing Address 2401 W. Rhin Drive

City Edinburg State TX Zip Code 78539

Purpose of Disbursement  
contract labor

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2014

Transaction ID : SB21B.25433

Amount of Each Disbursement this Period

512.40

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

1804.43

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Nicole Gonzales-Leal**

Mailing Address 2401 W. Rhin Drive

City Edinburg State TX Zip Code 78539

Purpose of Disbursement  
contract labor

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2014

Transaction ID : SB21B.25438

Amount of Each Disbursement this Period

753.90

Full Name (Last, First, Middle Initial)

**B. Nicole Gonzales-Leal**

Mailing Address 2401 W. Rhin Drive

City Edinburg State TX Zip Code 78539

Purpose of Disbursement  
contract labor

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2014

Transaction ID : SB21B.25441

Amount of Each Disbursement this Period

668.85

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Services**

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement  
quarterly tax deposits - IRS

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2014

Transaction ID : SB21B.25390

Amount of Each Disbursement this Period

4941.59

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

6364.34

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Services**

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement  
quarterly tax deposits - IRS

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2014

Transaction ID : SB21B.25432

Amount of Each Disbursement this Period

2812.25

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Services**

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement  
quarterly tax deposits - IRS

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2014

Transaction ID : SB21B.25380

Amount of Each Disbursement this Period

267.99

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Services**

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement  
quarterly tax deposits - IRS

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2014

Transaction ID : SB21B.25381

Amount of Each Disbursement this Period

1166.71

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

4246.95

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ms Prisylla Jasso**

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
contract services - salary expenditure

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25374**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms Prisylla Jasso**

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
contract services - salary expenditure

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25375**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ms Prisylla Jasso**

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
contract services - salary expenditure

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25376**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Ms Prisylla Jasso**

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25377**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms Prisylla Jasso**

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25378**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ms Prisylla Jasso**

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25379**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mario Lizcano**

Mailing Address 407 S. 48th Lane #4

City McAllen State TX Zip Code 78501

Purpose of Disbursement  
contract labor

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2014

Transaction ID : SB21B.25388

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. Perkins Coie**

Mailing Address 607 Fourteenth Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement  
legal fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2014

Transaction ID : SB21B.25385

Amount of Each Disbursement this Period

758.00

Full Name (Last, First, Middle Initial)

**C. Perkins Coie**

Mailing Address 607 Fourteenth Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement  
legal fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2014

Transaction ID : SB21B.25420

Amount of Each Disbursement this Period

315.60

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11073.60

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Perkins Coie**

Mailing Address 607 Fourteenth Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement legal fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25440**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Renaissance Cancer Foundation**

Mailing Address P.O.BOX 3293

City McAllen State TX Zip Code 78502

Purpose of Disbursement donation

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25435**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Valley Alliance of Mentors for Opportunities**

Mailing Address 5221 N McColl Rd

City McAllen State TX Zip Code 78502

Purpose of Disbursement donation

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25439**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Water Tower Village**

Mailing Address 52211 N. McColl Road

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
office lease expenditure

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25424**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Water Tower Village**

Mailing Address 52211 N. McColl Road

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
office lease expenditure

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.25437**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. ALAMO PAC**

Mailing Address 919 CONGRESS AVE SUITE 1400

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2014

Transaction ID : SB23.25436

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: CA District: 31

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2014

Transaction ID : SB23.25427

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: CA District: 31

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2014

Transaction ID : SB23.25428

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. BILL FLORES FOR CONGRESS**

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement contribution

011

Candidate Name

**BILL FLORES FOR CONGRESS**

Category/Type

Office Sought:  House  Senate  President  
State: TX District: 17

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2014

Transaction ID : SB23.25443

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. BILL PAC**

Mailing Address P.O. BOX 4528

City BRYAN State TX Zip Code 77805

Purpose of Disbursement contribution

011

Candidate Name

**BILL PAC**

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2014

Transaction ID : SB23.25442

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. TIMOTHY BISHOP**

Mailing Address PO BOX 437

City FARMINGVILLE State NY Zip Code 11738

Purpose of Disbursement contribution

011

Candidate Name

**TIMOTHY BISHOP**

Category/Type

Office Sought:  House  Senate  President  
State: NY District: 01

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2014

Transaction ID : SB23.25418

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. TIMOTHY BISHOP**

Mailing Address PO BOX 437

City FARMINGVILLE State NY Zip Code 11738

Purpose of Disbursement contribution

011

Candidate Name

**TIMOTHY BISHOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2014

**Transaction ID : SB23.25419**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. BRUCE L BRALEY**

Mailing Address PO BOX 390

City WATERLOO State IA Zip Code 50704

Purpose of Disbursement contribution

011

Candidate Name

**BRUCE L BRALEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2014

**Transaction ID : SB23.25422**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. BRUCE L BRALEY**

Mailing Address PO BOX 390

City WATERLOO State IA Zip Code 50704

Purpose of Disbursement contribution

011

Candidate Name

**BRUCE L BRALEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2014

**Transaction ID : SB23.25423**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. CONSERVATIVE OPPORTUNITIES FOR A NEW AMERICA PAC**

Mailing Address 110 W LOUISIANA AVENUE  
SUITE 312

City MIDLAND State TX Zip Code 79701

Purpose of Disbursement  
contribution

011

Candidate Name  
CONSERVATIVE OPPORTUNITIES FOR A NEW AMERICA PAC

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2014

Transaction ID : SB23.25444

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. DENALI VICTORY FUND**

Mailing Address 600 PENNSYLVANIA AVE SE SUITE 210

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
contribution

011

Candidate Name  
DENALI VICTORY FUND

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 12 / 2014

Transaction ID : SB23.25431

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. MAKING AMERICA PROSPEROUS PAC**

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement  
contribution

011

Candidate Name  
MAKING AMERICA PROSPEROUS PAC

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2014

Transaction ID : SB23.25445

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. NICK J. II RAHALL**

Mailing Address PO BOX 64

City BECKLEY State WV Zip Code 25801

Purpose of Disbursement contribution

011

Candidate Name  
**NICK J. II RAHALL**

Category/Type

Office Sought:  House  Senate  President  
State: WV District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2014

Transaction ID : SB23.25425

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. NICK J. II RAHALL**

Mailing Address PO BOX 64

City BECKLEY State WV Zip Code 25801

Purpose of Disbursement contribution

011

Candidate Name  
**NICK J. II RAHALL**

Category/Type

Office Sought:  House  Senate  President  
State: WV District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2014

Transaction ID : SB23.25426

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. ROGER WILLIAMS FOR U S CONGRESS COMMITTEE**

Mailing Address P.O. BOX 91061

City AUSTIN State TX Zip Code 78709

Purpose of Disbursement contribution

011

Candidate Name  
**ROGER WILLIAMS FOR U S CONGRESS COMMITTEE**

Category/Type

Office Sought:  House  Senate  President  
State: TX District: 25

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2014

Transaction ID : SB23.25393

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. ROGER WILLIAMS FOR U S CONGRESS COMMITTEE**

Mailing Address P.O. BOX 91061

City AUSTIN State TX Zip Code 78709

Purpose of Disbursement contribution

011

Candidate Name  
**ROGER WILLIAMS FOR U S CONGRESS COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 25

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2014

Transaction ID : SB23.25430

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. RUIZ VICTORY FUND**

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement contribution

011

Candidate Name  
**RUIZ VICTORY FUND**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 10 / 2014

Transaction ID : SB23.25384

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10000.00

85000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 157 OF 158
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AC Rentals</b>	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	<b>Transaction ID : SD10.9553</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AC Rentals</b>	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	<b>Transaction ID : SD10.10053</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1800.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	1800.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	1800.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10

Transaction ID: SD10.10053

rent expenditure for office for 1st quarter of 2009 incurred but not paid.