Image# 14940235980 PAGE 1 / 479

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORW 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
BORDER HEALTH FE	EDERAL PAC		
<u> </u>			
ADDRESS (number and street)	612 W. Nolana Suite 340		
Check if different			
than previously reported. (ACC)	McAllen		TX 78504
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00415752		IS THIS REPORT X (N)	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20 ((Non-Election Year Only)
(a) Quarterly Reports:		r 20 (M3) Jun 20 (l	(Non-Election Year Only)
April 15 Quarterly Report (21)	1 20 (NI4) 3di 20 (N	
July 15 Quarterly Report (PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)
X January 31 Year-End Report (YE) Electi	ion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	t	ion on	in the State of
5. Covering Period 0	7 01 / 2013	through 1:	2 31 2013
I certify that I have examined t	his Report and to the best of	of my knowledge and belief it	s true, correct and complete.
Type or Print Name of Treasure	er Ernie Perez		
Signature of Treasurer Erni	e Perez	[Electronically Filed]	Date 01 / 31 / 2014
NOTE: Submission of false, error	neous, or incomplete information	on may subject the person signi	ng this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

	OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name		
١	BORDER HEALTH FEDERAL PAC		
F	Report Covering the Period: From: 07	01 / 2013 To:	12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		805236.25
	(b) Cash on Hand at Beginning of Reporting Period	734176.88	
	(c) Total Receipts (from Line 19)	214955.62	470506.15
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	949132.50	1275742.40
7.	Total Disbursements (from Line 31)	262031.26	588641.16
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	687101.24	687101.24
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00	
	This committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
	Fo	or 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

tributions (other than loans) From:	Total This Period	Calendar Year-to-Date
Individuals/Persons Other		
Than Political Committees	207414 70	427387.20
(i) Itemized (use Schedule A)	207414.70	47
(ii) Unitemized	7540.92	43118.95
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	214955.62	470506.15
Political Party Committees	0.00	0.00
Other Political Committees		
(such as PACs)	0.00	0.00
Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	214955.62	470506.15
sfers From Affiliated/Other		
y Committees	0.00	0.00
oans Received	0.00	0.00
- Barramanta Barriand	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
ederal Candidates and Other		
ical Committees	0.00	0.00
er Federal Receipts		
dends, Interest, etc.)	0.00	0.00
sfers from Non-Federal and Levin Funds	7 7	
Non-Federal Account		
(from Schedule H3)	0.00	0.00
evin Funds (from Schodulo H5)	0.00	0.00
Leviii Fulius (IIOIII Schedule Fis)		
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	(ii) Unitemized (use Schedule A)	(ii) Unitemized (use Schedule A)

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:	Total Tills I criou	Calendar Tear-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	442024.26	259644.46
Expenditures(c) Total Operating Expenditures	112031.26	258641.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	112031.26	258641.16
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees		
and Other Political Committees		300000.00
Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)		0.00
6. Loan Repayments Made	0.00	0.00
5. Loan Hopaymonts Wade	7 7	
7. Loans Made	0.00	0.00
3. Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
(200 - 200 - 200), (2), 200 (2),		
9. Other Disbursements		30000.00
. Federal Election Activity (2 U.S.C. §	• • • • • • • • • • • • • • • • • • • •	
(a) Allocated Federal Election Activ	rity	
(from Schedule H6)	0.00	0.00
(i) Federal Share		7 7
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid E		
With Federal Funds	· · · · · · · · · · · · · · · · · · ·	0.00
(c) Total Federal Election Activity (a		
Lines 30(a)(i), 30(a)(ii) and 30((b))▶	0.00
	·	
. Total Disbursements (add Lines 21(d		
23, 24, 25, 26, 27, 28(d), 29 and 30	O(c)) 262031.26	588641.16
Total Endoral Diahumas		
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a) 	a)(ii)	
from Line 31)		588641.16
110111 EIIIO 01/		55571110

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	214955.62	470506.15
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	214955.62	470506.15
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	112031.26	258641.16
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	112031.26	258641.16

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

	_	LINE	PAGE	:	6	OF	•	479			
(check only one)											
X 11a 11b					11c		12				
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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.

or for commercial purposes, other than using the	ne 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) Dr. Ziad Abdeen Mailing Address 809-A Savannah #3 City	State Zip Code	Date of Receipt M M
McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 875.00	Transaction ID : SA11AI.22470 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Dr. Ziad Abdeen Mailing Address 809-A Savannah #3 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 08 09 2013 Transaction ID: SA11AI.22783 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Dr. Ziad Abdeen Mailing Address 809-A Savannah #3 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 1125.00	Date of Receipt 09 13 2013 Transaction ID: SA11Al.23100 Amount of Each Receipt this Period 125.00 contribution
SUBTOTAL of Receipts This Page (optional)		375.00
TOTAL This Period (last page this line number	r only)	

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

-	FOR LINE NUMBER:						•	1	OF	4	479
(check only one)											
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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 FEDE	ERAL PAC	
Full Name (Last, First, Middle Initial) Dr. Ziad Abdeen Mailing Address 809-A Savannah #3		Date of Receipt
City	State Zip Code TX 78504	10 11 2013 Transaction ID : SA11AI.23493
McAllen FEC ID number of contributing federal political committee.	C 78304	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1250.00	contribution
Full Name (Last, First, Middle Initial) B. Dr. Ziad Abdeen Mailing Address 809-A Savannah #3		Date of Receipt 11 15 2013
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.23846 Amount of Each Receipt this Period 125.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1375.00	contribution
Full Name (Last, First, Middle Initial) Mr. Riad Aboujamous Mailing Address 1217 Fullerton City	State Zip Code	Date of Receipt 09 13 2013 Transaction ID: SA11AI.23101
McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 225.00	Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (op	otional)	275.00
TOTAL This Period (last page this line	number only)	

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

	LINE			PAGE		8	OF	479	
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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.

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Mr. Riad Aboujamous Mailing Address 1217 Fullerton City McAllen FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt 10 11 2013 Transaction ID : SA11AI.23494 Amount of Each Receipt this Period 25.00
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 250.00	contribution
Full Name (Last, First, Middle Initial) Mr. Riad Aboujamous Mailing Address 1217 Fullerton City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID: SA11AL 23847
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX 78504	Transaction ID : SA11AI.23847 Amount of Each Receipt this Period 25.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane City	State Zip Code	Date of Receipt M
mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.22472 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	r only)	

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

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	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane	Charity Abreu					
City mission	State Zip Code TX 78572	08 09 2013 Transaction ID : SA11AI.22785 Amount of Each Receipt this Period				
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00					
Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane	Date of Receipt					
City mission	State Zip Code TX 78572	7				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer self-employee	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00					
Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt				
Mailing Address 1619 hertiage lane	Charles	M = M / D = D / Y = Y = Y = Y = 10 11 2013				
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.23495 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	_ contribution				
SUBTOTAL of Receipts This Page (optional)		750.00				
TOTAL This Period (last page this line number	er only)					

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

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	ng the name and address of any political committee	to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Full Name (Last, First, Middle Initial) Charity Abreu	Charity Abreu						
Mailing Address 1619 hertiage lane		11 15 2013					
City	State Zip Code	Transaction ID : SA11AI.23848					
mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation	contribution					
self-employee	physician						
Receipt For:	Aggregate Year-to-Date ▼	7					
Primary General	riggregate rear-to-Date ▼						
Other (specify) ▼	2750.00						
Full Name (Last, First, Middle Initial) Ricardo Abreu		Date of Receipt					
Mailing Address 200		M = M / D = D / Y = Y = Y					
E. Xenops	Chata 7: O1-	07 15 2013					
City	State Zip Code	Transaction ID : SA11AI.22473					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	150.00					
Name of Employer	Occupation	contribution					
Self employed	physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	1050.00						
Full Name (Last, First, Middle Initial) C. Ricardo Abreu		Date of Receipt					
Mailing Address 200		M = M / D = D / Y = Y = Y					
E. Xenops City	State Zip Code	08 09 2013					
McAllen	TX 78504	Transaction ID : SA11AI.22786 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer	Occupation	contribution					
Self employed	physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	1200.00						
SUBTOTAL of Receipts This Page (options	al)	550.00					
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Use separate schedule(s) for each category of the Detailed Summary Page

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Ricardo Abreu		Date of Receipt
	Mailing Address 200 E. Xenops City	State Zip Code	09 13 2013 Transaction ID : SA11Al.23103
	McAllen FEC ID number of contributing	TX 78504	Amount of Each Receipt this Period
	federal political committee. Name of Employer	Occupation	150.00 contribution
	Self employed Receipt For:	physician	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	
В.	Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address and		Date of Receipt
	Mailing Address 200 E. Xenops City	10 11 2013 Transaction ID : SA11Al.23496	
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
c.	Full Name (Last, First, Middle Initial) Ricardo Abreu		Date of Receipt
	Mailing Address 200 E. Xenops		11 15 2013
	City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23849 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1650.00	
s	UBTOTAL of Receipts This Page (optional)		450.00
Т	OTAL This Period (last page this line number of	only)	

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

FOR LINE NUMBER:						PAGE		12	OF	479
(check only one)										
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		13		14		15		16		17

	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square	Ruben Abreu					
City mcallen	State Zip Code TX 78503	07 15 2013 Transaction ID : SA11AI.22474 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer self-employee	Occupation physician	- contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00					
Full Name (Last, First, Middle Initial) 3. Ruben Abreu Mailing Address 104 augusta square	Date of Receipt					
City mcallen	State Zip Code TX 78503	08 09 2013 Transaction ID : SA11AI.22787 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer self-employee	Occupation physician	- contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00					
Full Name (Last, First, Middle Initial) C. Ruben Abreu		Date of Receipt				
Mailing Address 104 augusta square		09 13 2013				
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.23104 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	- contribution				
SUBTOTAL of Receipts This Page (optional).		750.00				
TOTAL This Period (last page this line number	er only)					

FOR LINE NUMBER: PAGE 13 OF 479 Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC			
Full Name (Last, First, Middle Initial) A. Ruben Abreu Mailing Address 104 augusta square		Date of Receipt 10 11 2013		
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Transaction ID : SA11AI.23497 Amount of Each Receipt this Period 250.00 contribution		
Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square City	Date of Receipt 11 15 2013 Transaction ID: SA11Al.23850			
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For:	State Zip Code TX 78503 C Occupation physician	Amount of Each Receipt this Period 250.00 contribution		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00			
Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 807 North Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 15 2013 Transaction ID: SA11AI.22475 Amount of Each Receipt this Period 250.00 contribution		
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number)	<u> </u>	750.00		
TOTAL THIS FERIOU (IAST PAGE THIS HITE HUMB)	51 Utily)			

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

				PAGE	_ ′	14	OF	479	
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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 807 North Cage	Juan Aguilera					
City Pharr	State Zip Code TX 78577	08 09 2013 Transaction ID : SA11AI.22788 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00 contribution				
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00					
Full Name (Last, First, Middle Initial) 3. Juan Aguilera Mailing Address 807 North Cage	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Pharr FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.23105 Amount of Each Receipt this Period 250.00				
Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	contribution				
Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 807 North Cage		Date of Receipt 10 11 2013				
City Pharr FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.23498 Amount of Each Receipt this Period 250.00				
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution				
SUBTOTAL of Receipts This Page (optional)	>	750.00				
TOTAL This Period (last page this line number	r only)					

	FOR LINE I	NUMBER:	PAGE	E 15 O	F 4						
Use separate schedule(s)	(check only	(check only one)									
for each category of the Detailed Summary Page	X 11a	11b	11c	12							
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or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
Mailing Address 807 North Cage		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.23851
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	Aggrogato rear-to-Date ▼	
Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) Dr. S.M. Golam Alam		Date of Receipt
Mailing Address 1200 E. Savannah #7		11 15 2013
City	State Zip Code	11152013 Transaction ID : SA11AI.23852
McAllen	TX 78504	Transaction ID: SA11AI.23852 Amount of Each Receipt this Period
		, and an or Lacif Neceipt tills relied
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	contribution
selfemployed	private investor	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) C. Ms Sahar Alizy		Date of Receipt
Mailing Address 1609 Martin		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23107
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optional	al)	295.00
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Transaction ID: SA11AI.23853

Amount of Each Receipt this Period

25.00

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Zip Code

78504

State

TX

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

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C federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Alleyn Date of Receipt Mailing Address 5505 N. 4th 07 15 2013 City State Zip Code Transaction ID: SA11AI.22478 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) 300.00

- 9

9

City

McAllen

FEC ID number of contributing

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Date of Receipt 08 09 2013 Transaction ID : SA11AI.22791 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2000.00	contribution
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th	State Zin Code	Date of Receipt 09 13 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼	Transaction ID : SA11AI.23108 Amount of Each Receipt this Period 250.00 contribution
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address FEEE N. 4th	2250.00	Date of Receipt
Mailing Address 5505 N. 4th City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 2500.00	Transaction ID: SA11AI.23501 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee t	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 2750.00	Date of Receipt 11 15 2013 Transaction ID : SA11Al.23854 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dr. Hillary Almedia Mailing Address 900 E. Vermont City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 225.00	Date of Receipt 11 15 2013 Transaction ID: SA11AI.23855 Amount of Each Receipt this Period 75.00 contribution
Full Name (Last, First, Middle Initial) Ms Alex Ambriz Mailing Address 15253 Heather City Harlingen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78552 C Occupation private investor Aggregate Year-to-Date ▼ 225.00	Date of Receipt 13 2013 Transaction ID: SA11AI.23109 Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	350.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Ms Alex Ambriz Mailing Address 15253 Heather		Date of Receipt
City Harlingen	State Zip Code TX 78552	10 11 2013 Transaction ID : SA11AI.23502 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	25.00 contribution
Name of Employer self-employed Receipt For: Primary General	Occupation private investor Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms Alex Ambriz Mailing Address 15253 Heather		Date of Receipt 11 15 2013
City Harlingen	State Zip Code TX 78552	Transaction ID : SA11AI.23856 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	25.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) C. Michael Amyx		Date of Receipt
Mailing Address 2108 Mynah	0	07 15 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.22480 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00 contribution
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah City	State Zip Code	Date of Receipt 08 09 2013 Transaction ID: SA11Al.22793
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 2000.00	Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 2250.00	Date of Receipt 09 13 2013 Transaction ID : SA11AI.23110 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23503 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	r only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah		Date of Receipt
City mcallen	State Zip Code TX 78501	11 15 2013 Transaction ID : SA11Al.23857 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Dr. Jumar B. Apolinario Mailing Address 2805 Santa Erica		Date of Receipt 07 15 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.22481 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physicain	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. Jumar B. Apolinario		Date of Receipt
Mailing Address 2805 Santa Erica		08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.22794 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physicain Aggregate Year-to-Date ▼ 800.00	- contribution
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee t	
BORDER HEALTH FEDERAL Full Name (Last, First, Middle Initial) Dr. Jumar B. Apolinario Mailing Address 2805 Santa Erica City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78572 C Occupation physicain Aggregate Year-to-Date ▼ 900.00	Date of Receipt 109 13 2013 Transaction ID: SA11AI.23111 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Jumar B. Apolinario Mailing Address 2805 Santa Erica City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physicain Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 10 11 2013 Transaction ID: SA11Al.23504 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Jumar B. Apolinario Mailing Address 2805 Santa Erica City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physicain Aggregate Year-to-Date ▼	Date of Receipt 11 15 2013 Transaction ID: SA11AI.23858 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe	<u> </u>	300.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino Mailing Address 112 E. Xenops		Date of Receipt
City	State Zip Code	07 15 2013 Transaction ID : SA11AI.22482
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer selfemployed Receipt For:	Occupation physician	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino Mailing Address 443 F. Vannes		Date of Receipt
Mailing Address 112 E. Xenops City	State Zip Code	08 09 2013 Transaction ID : SA11AI.22795
Mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino		Date of Receipt
Mailing Address 112 E. Xenops		09 13 2013
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.23112 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino Mailing Address 112 E. Xenops City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23505 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino Mailing Address 112 E. Xenops City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 550.00	Date of Receipt 11 15 2013 Transaction ID: SA11AI.23859 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt 07 15 2013 Transaction ID : SA11AI.22483 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	····	350.00

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M M
Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt 09 13 2013 Transaction ID: SA11AI.23113 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23506 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	er only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2750.00	Date of Receipt 11 15 2013 Transaction ID: SA11AI.23860 Amount of Each Receipt this Period 250.00 contribution
Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22484 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Daisy Arce Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 08 09 2013 Transaction ID: SA11Al.22797 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	_	350.00
TOTAL This Period (last page this line number	r only)	

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Mailing Address 129 Bluebird City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Argregate Year-to-Date ▼ Aggregate Y	ate of Receipt 109 13 2013 Transaction ID: SA11AI.23114 Inount of Each Receipt this Period 50.00
Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Daisy Arce Mailing Address 129 Bluebird State Zip Code TX 78504 Ar CC Con Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Daisy Arce Mailing Address 129 Bluebird City State Zip Code TY 70504	
Name of Employer selfemployed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Daisy Arce Mailing Address 129 Bluebird City State Zip Code Marker	10 11 2013 ransaction ID : SA11AI.23507 nount of Each Receipt this Period
Daisy Arce Mailing Address 129 Bluebird City State Zip Code TV 70504	tribution
FEC ID number of contributing federal political committee.	11 15 2013 Fransaction ID : SA11AI.23861 nount of Each Receipt this Period 50.00 attribution
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Rodrigo Argenal		Date of Receipt
Mailing Address 7512 N. Cynthia Street		11 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23862
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) 3. Dr. Julio Arias-Viaud		Date of Receipt
Mailing Address 2600 Santa Paula		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.23863
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) C. Dr. Pedro Arrazola		Date of Receipt
Mailing Address 5114 N. 10th Street		07 15 _2013 _
City	State Zip Code	Transaction ID : SA11AI.22486
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
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SUBTOTAL of Receipts This Page (optional	al)	220.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Pedro Arrazola Mailing Address 5114 N. 10th Street		Date of Receipt
City McAllen	State Zip Code TX 78504	08 09 2013 Transaction ID : SA11AI.22799 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. Pedro Arrazola Mailing Address 5114 N. 10th Street		Date of Receipt
City McAllen	State Zip Code TX 78504	09 13 2013 Transaction ID : SA11AI.23116 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Dr. Pedro Arrazola		Date of Receipt
Mailing Address 5114 N. 10th Street		10 11 / Y = Y = Y = Y = Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23510 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 900.00	contribution
SUBTOTAL of Receipts This Page (optional)	•	300.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dr. Pedro Arrazola Mailing Address 5114 N. 10th Street		Date of Receipt 11 15 2013
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 1000.00	Transaction ID : SA11AI.23864 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Danilo Asase Mailing Address 5216 Kensington Lane City Brownsville FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78526 C Occupation physician Aggregate Year-to-Date ▼ 700.00	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22487 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Danilo Asase Mailing Address 5216 Kensington Lane City Brownsville FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78526 C Occupation physician Aggregate Year-to-Date ▼ 800.00	Date of Receipt 08 09 2013 Transaction ID: SA11AI.22800 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00
TOTAL This Period (last page this line numbe	r only)	5 1 5

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Danilo Asase Mailing Address 5216 Kensington Lane		Date of Receipt
City Brownsville	State Zip Code TX 78526	09 13 2013 Transaction ID : SA11Al.23117 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For:	Occupation physician	- contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Danilo Asase Mailing Address 5216 Kensington Lane		Date of Receipt 10 11 2013
City Brownsville	State Zip Code TX 78526	Transaction ID : SA11AI.23511 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Danilo Asase		Date of Receipt
Mailing Address 5216 Kensington Lane	Chate 7: 0 :	11 15 2013
City Brownsville	State Zip Code TX 78526	Transaction ID : SA11AI.23865 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1100.00	- contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using th	e 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) Dr. Marilyn Assistores Mailing Address 2222 La Condesa Drive City Edinburg	State Zip Code TX 78539	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date 525.00	75.00 contribution
Full Name (Last, First, Middle Initial) 3. Dr. Marilyn Assistores Mailing Address 2222 La Condesa Drive City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Edinburg FEC ID number of contributing federal political committee. Name of Employer	TX 78539	Transaction ID : SA11AI.22801 Amount of Each Receipt this Period 75.00 contribution
selfemployed Receipt For: Primary Other (specify)	private investor Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Marilyn Assistores Mailing Address 2222 La Condesa Drive City	State Zip Code	Date of Receipt 09 13 2013 Transaction ID: SA11Al.23118
Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	C Occupation private investor Aggregate Year-to-Date ▼ 675.00	Amount of Each Receipt this Period 75.00 contribution
SUBTOTAL of Receipts This Page (optional)		225.00
TOTAL This Period (last page this line number	only)	

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Dr. Marilyn Assistores Date of Receipt Mailing Address 2222 La Condesa Drive 2013 10 City State Zip Code Transaction ID: SA11AI.23512 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Marilyn Assistores Date of Receipt Mailing Address 2222 La Condesa Drive 11 15 2013 City State Zip Code Transaction ID: SA11AI.23866 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 825.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Wady Aude Aude Date of Receipt Mailing Address 1001 E. Fern #E 09 13 2013 City Zip Code State Transaction ID: SA11AI.23119 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor

SUBTOTAL of Receipts This Page (optional)		Ī	7	I	Ī	7	I	17	7 5.00)	
TOTAL This Period (last page this line number only)		Ξ	7	_	_	7	_		<u>.</u>	_	

225.00

Aggregate Year-to-Date ▼

Receipt For:

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Other (specify)

General

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ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson 1	for the	purpose o	of so	oliciting	cor	ntributio	ons	

Ar 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) Dr. Wady Aude Aude Date of Receipt Mailing Address 1001 E. Fern #E 2013 10 City State Zip Code Transaction ID: SA11AI.23513 TX 78502 McAllen Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Wady Aude Aude Date of Receipt Mailing Address 1001 E. Fern #E 11 15 2013 City State Zip Code Transaction ID: SA11AI.23867 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Felipe Avila Date of Receipt Mailing Address 104 W. 20th Street 07 15 2013 Zip Code City State Transaction ID: SA11AI.22490 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street		Date of Receipt
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.22803 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	doctor Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Felipe Avila Mailing Address 104 W. 20th Street		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Weslaco FEC ID number of contributing	State Zip Code TX 78596	Transaction ID : SA11Al.23120 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed	Occupation	250.00 - contribution
Receipt For: Primary General Other (specify) ▼	doctor Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street		Date of Receipt
City Weslaco	State Zip Code TX 78596	10 11 2013 Transaction ID : SA11AI.23514 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	doctor Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional).	•	750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using t	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) A. Dr. Felipe Avila		Date of Receipt
Mailing Address 104 W. 20th Street		11 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23868
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	doctor	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	0.0	
Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) Dr. Wilfredo Aviles		Date of Receipt
Mailing Address 2600 Wildwood	Mailing Address 2600 Wildwood	
City	State Zip Code	07 15 2013 Transaction ID : SA11Al.22491
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) C. Dr. Wilfredo Aviles		Date of Receipt
Mailing Address 2600 Wildwood		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.22804
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer	Occupation	
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional).		350.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Wilfredo Aviles Mailing Address 2600 Wildwood		Date of Receipt
City	State Zip Code	09 13 2013 Transaction ID : SA11AI.23121
Weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 450.00	contribution
Full Name (Last, First, Middle Initial) Dr. Wilfredo Aviles Mailing Address 2600 Wildwood	1	Date of Receipt
City Weslaco FEC ID number of contributing	State Zip Code TX 78596	10 11 2013 Transaction ID : SA11Al.23515 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed Receipt For:	Occupation physician	50.00 contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Wilfredo Aviles Mailing Address 2600 Wildwood		Date of Receipt 11 15 2013
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.23869 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	r only)	

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14 13 15 16 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) Dr. Roberto A, Ayers Date of Receipt Mailing Address 1900 S. Jackson #7 2013 07 15 City State Zip Code Transaction ID: SA11AI.22492 TX 78501 McAllen Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Roberto A, Ayers Date of Receipt Mailing Address 1900 S. Jackson #7 80 09 2013 City State Zip Code Transaction ID: SA11AI.22805 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Roberto A, Ayers Date of Receipt Mailing Address 1900 S. Jackson #7 09 13 2013 Zip Code City State Transaction ID: SA11AI.23122 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physician

SUBTOTAL of Receipts This Page (optional)		_	7	_	_	7	_	30	00.00)	
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900.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Or. Roberto A, Ayers	Date of Receipt					
Mailing Address 1900 S. Jackson #7		10 11 2013				
City	State Zip Code	Transaction ID : SA11AI.23517				
McAllen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	1000.00					
Full Name (Last, First, Middle Initial) 3. Dr. Roberto A, Ayers		Date of Receipt				
Mailing Address 1900 S. Jackson #7		11 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.23870				
McAllen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1100.00					
Full Name (Last, First, Middle Initial) C. Murphy Badiga	•	Date of Receipt				
Mailing Address 1503 S. Airport suite 6		07 15 2013				
City	State Zip Code	Transaction ID : SA11AI.22493				
weslaco	TX 78596	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00 contribution				
Name of Employer	Name of Employer Occupation					
self-employed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	2800.00					
SUBTOTAL of Receipts This Page (optional)		600.00				
TOTAL This Period (last page this line numbe	er only)					

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Murphy Badiga Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 3200.00	Date of Receipt M M M
Murphy Badiga Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 3600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Murphy Badiga Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 4000.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23518 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	er only)	

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	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Murphy Badiga Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 4400.00	Date of Receipt 11 15 2013 Transaction ID: SA11Al.23871 Amount of Each Receipt this Period 400.00 contribution
Address 501 Mockingbird Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 07
Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 08 09 2013 Transaction ID: SA11AI.22807 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lane City mcallen FEC ID number of contributing	State Zip Code TX 78501	Date of Receipt 09 13 2013 Transaction ID : SA11AI.23124 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 450.00	50.00 contribution
Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lane	State Zin Code	Date of Receipt 10 11 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Transaction ID : SA11AI.23520 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 550.00	Date of Receipt 11 15 2013 Transaction ID: SA11Al.23872 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	150.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Mr. Marcos Barrera		Date of Receipt
Mailing Address 3000 Yellowhammer		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22495
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate roat to bate ¥	
Other (specify) ▼	875.00	
Full Name (Last, First, Middle Initial) Mr. Marcos Barrera	'	Date of Receipt
Mailing Address 3000 Yellowhammer		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	08 09 2013 Transaction ID : SA11AI.22808
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		7ourit of Each Fleedipt tills I cilou
federal political committee.	C	125.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Mr. Marcos Barrera	_ I	Date of Pagaint
		Date of Receipt
Mailing Address 3000 Yellowhammer		09 13 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.23125
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1125.00	
SUBTOTAL of Receipts This Page (optional)	375.00
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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Mr. Marcos Barrera Mailing Address 3000 Yellowhammer City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt 10 11 2013 Transaction ID : SA11AI.23521 Amount of Each Receipt this Period 125.00
	Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 1250.00	contribution
В.	Full Name (Last, First, Middle Initial) Mr. Marcos Barrera Mailing Address 3000 Yellowhammer	Out. 7. Out.	Date of Receipt 11 15 2013
	City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 1375.00	Transaction ID: SA11AI.23873 Amount of Each Receipt this Period 125.00 contribution
C.	Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22496 Amount of Each Receipt this Period 250.00 contribution
	SUBTOTAL of Receipts This Page (optional)	<u></u>	500.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt 99 13 2013 Transaction ID: SA11AI.23126 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 10 11 2013 Transaction ID : SA11AI.23522 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	750.00

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

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio		Date of Receipt
City mission	State Zip Code TX 78572	11 15 2013 Transaction ID : SA11AI.23874 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) 3. Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal		Date of Receipt
City mcallen	State Zip Code TX 78504	07 15 2013 Transaction ID : SA11AI.22497 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara		Date of Receipt
Mailing Address 121 Cardinal		08
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22810 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3200.00	. contribution
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number	r only)	

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23127
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3600.00	
Full Name (Last, First, Middle Initial) 3. Dr. Sebrahmanyan Behara		Date of Receipt
Mailing Address 121 Cardinal		M M / D D / Y Y Y Y Y
City	State Zip Code	10 11 2013
mcallen	TX 78504	Transaction ID : SA11AI.23526 Amount of Each Receipt this Period
		Amount of Lauri neceipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara		Date of Receipt
Mailing Address 121 Cardinal		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.23876
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4400.00	
SUBTOTAL of Receipts This Page (optional).	>	1200.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne 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) Dr. Yuri Bermudez Mailing Address P.O.Box 1125		Date of Receipt
City Pharr FEC ID number of contributing	State Zip Code TX 78577	7 15 2013 Transaction ID : SA11AI.22498 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed Receipt For:	Occupation private investor	50.00 contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) 3. Dr. Yuri Bermudez Mailing Address P.O.Box 1125		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pharr FEC ID number of contributing federal political committee.	State Zip Code TX 78577 C	Transaction ID : SA11AI.22811 Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For:	Occupation private investor Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼ Full Name (Last First Middle Initial)	400.00	
Full Name (Last, First, Middle Initial) Dr. Yuri Bermudez Mailing Address P.O.Box 1125		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Pharr EEC ID number of contributing	State Zip Code TX 78577	Transaction ID : SA11AI.23128 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Coccupation	50.00 contribution
Name of Employer selfemployed Receipt For: Primary General	Occupation private investor Aggregate Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	450.00	150.00
TOTAL This Period (last page this line numbe	r only)	

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Dr. Yuri Bermudez Date of Receipt Mailing Address P.O.Box 1125 2013 10 City State Zip Code Transaction ID: SA11AI.23527 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Yuri Bermudez Date of Receipt Mailing Address P.O.Box 1125 11 15 2013 City State Zip Code Transaction ID: SA11AI.23877 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) c. Juan Bernini Date of Receipt Mailing Address 2804 Santa Ana 07 15 2013 City State Zip Code Transaction ID: SA11AI.22499 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify)

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

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana		Date of Receipt
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.22812 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For:	Occupation physician	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) 3. Juan Bernini Mailing Address 2804 Santa Ana		Date of Receipt 09 13 2013
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.23129 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) 2. Juan Bernini		Date of Receipt
Mailing Address 2804 Santa Ana City	State Zip Code	10 11 2013 Transaction ID : SA11AI.23528
FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numb	per only)	

federal political committee.

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name (Last, First, Middle Initial) Juan Bernini			Date of Receipt
	Mailing Address 2804 Santa Ana			1,1 1,5 2013
	City	State	Zip Code	Transaction ID : SA11AI.23878
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation		contribution
	self-employed	physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00	
В.	Full Name (Last, First, Middle Initial) Sarojini Bose			Date of Receipt
	Mailing Address 7007 N 1st Lane			07 15 2013
	City	State	Zip Code	Transaction ID : SA11AI.22500
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00

Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1750.00	contribution
Full Name (Last, First, Middle Initial) C. Sarojini Bose Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Date of Receipt 08 09 2013 Transaction ID : SA11AI.22813 Amount of Each Receipt this Period 250.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	physician Aggregate Year-to-Date ▼ 2000.00	750.00

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250.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane		Date of Receipt
City mcallen	State Zip Code TX 78504	09 13 2013 Transaction ID : SA11Al.23130 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane		Date of Receipt 10 11 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.23529 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane	2300,00	Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.23879 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed	Occupation physician	250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number	r only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court		Date of Receipt
		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22501
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	
Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court	 	Date of Receipt
	1	08 09 2013
City	State Zip Code	Transaction ID : SA11AI.22814
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial) Francisco Bracamontes		Date of Receipt
Mailing Address 2005 Cimarron Court		09 13 2013
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.23132 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3600.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) 1. Francisco Bracamontes		Date of Receipt
Mailing Address 2005 Cimarron Court		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23530
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	- contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court		Date of Receipt
		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.23880
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	
Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes		Date of Receipt
Mailing Address 2005 Cimarron Court		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22502
Mission FEC ID number of contributing	TX 78572	Amount of Each Receipt this Period
federal political committee.	C	50.00
Name of Employer	Occupation	_ contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional)) >	850.00
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.
BORDER HEALTH FÉDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes		Date of Receipt
Mailing Address 2005 Cimarron Court		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.22815
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate roar to bate \$	
Other (specify)	400.00	
Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes	·	Date of Receipt
Mailing Address 2005 Cimarron Court		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23133
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)	ı	Date of Receipt
Mailing Address 2005 Cimarron Court		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23531
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	ıl) >	150.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court		Date of Receipt 1.1 15 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.23881 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. Erasto Canales Mailing Address 105 Bluebird		Date of Receipt 08 09 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.22817 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) Dr. Erasto Canales		Date of Receipt
Mailing Address 105 Bluebird	State 7in Code	09 13 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23135 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1000.00	- contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00
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	and Statements may not be sold or used by any per og the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Erasto Canales Mailing Address 105 Bluebird		Date of Receipt
City	State Zip Code	10
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
self-employed	physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	
Full Name (Last, First, Middle Initial) Dr. Erasto Canales		Date of Receipt
Mailing Address 105 Bluebird		11 15 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.23883
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	contribution
self-employed	physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dr. Ricardo Canales		Date of Receipt
Mailing Address 408 Marigold		07 15 2013
City	State Zip Code	07 15 2013 Transaction ID : SA11Al.22504
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	conribution
self-employed	physician	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	350.00	
SUBTOTAL of Receipts This Page (optional	al)	300.00
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Ricardo Canales Mailing Address 408 Marigold		Date of Receipt
City McAllen FEC ID number of contributing	State Zip Code TX 78501	08 09 2013 Transaction ID : SA11AI.22818 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	50.00 - conribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Ricardo Canales Mailing Address 408 Marigold		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City McAllen EEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.23136 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	50.00 conribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. Ricardo Canales Mailing Address 408 Marigold		Date of Receipt
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.23534 Amount of Each Receipt this Period 50.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	conribution
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	he 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) Dr. Ricardo Canales Mailing Address 408 Marigold		Date of Receipt
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.23884 Amount of Each Receipt this Period 50.00 conribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Desi Canals Mailing Address 1912 Trinity	Chata 7' O I	Date of Receipt 09 13 2013
City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.23137 Amount of Each Receipt this Period 25.00
Name of Employer Self employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 225.00	contribution
Full Name (Last, First, Middle Initial) Desi Canals Mailing Address 1912 Trinity City	State Zip Code	Date of Receipt 10 11 2013 Transaction ID: SA11AL 23535
Mission FEC ID number of contributing federal political committee. Name of Employer Self employed	C Occupation physician	Transaction ID : SA11AI.23535 Amount of Each Receipt this Period 25.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	100.00
TOTAL This Period (last page this line number	r only)	

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

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Desi Canals Mailing Address 1912 Trinity		Date of Receipt
City	State Zip Code	11 15 2013 Transaction ID : SA11AI.23885
Mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 25.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673		Date of Receipt
City mcallen	State Zip Code TX 78502	7 15 2013 Transaction ID : SA11AI.22506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	
Full Name (Last, First, Middle Initial) Alonzo Cantu		Date of Receipt
Mailing Address P.O.Box 2673		08
City mcallen	State Zip Code TX 78502	Transaction ID : SA11AI.22820 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 3200.00	- contribution
SUBTOTAL of Receipts This Page (optional)		825.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) A. Alonzo Cantu Mailing Address P.O.Box 2673		Date of Receipt
City mcallen	State Zip Code TX 78502	09 13 2013 Transaction ID : SA11AI.23138 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 3600.00	contribution
Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673	State 7:a Code	Date of Receipt 10 11 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.23536 Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 4000.00	contribution
Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673 City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID: SA11AI.23886
mcallen FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 4400.00	contribution
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	er only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Mr. David Cantu Mailing Address 2409 Kiwi		Date of Receipt
City McAllen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C	Transaction ID : SA11AI.22507 Amount of Each Receipt this Period 30.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Mr. David Cantu Mailing Address 2409 Kiwi	Stata 75 Oct	Date of Receipt 08 09 2013
City McAllen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Transaction ID : SA11AI.22821 Amount of Each Receipt this Period 30.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mr. David Cantu Mailing Address 2409 Kiwi City	State Zip Code	Date of Receipt M = M / D = D / Y = Y = Y = Y
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 270.00	Amount of Each Receipt this Period 30.00 contribution
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line number	er only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Mr. David Cantu Mailing Address 2409 Kiwi		Date of Receipt
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78504 C Occupation physician	Transaction ID: SA11AI.23537 Amount of Each Receipt this Period 30.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. David Cantu Mailing Address 2409 Kiwi City	State Zip Code	Date of Receipt 11 15 2013
McAllen FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.23887 Amount of Each Receipt this Period 30.00 contribution
Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Dr. Leonel Cantu Mailing Address 2102 Deborah City	State Zip Code	Date of Receipt O7 15 2013 Transaction ID: SA11Al.22508
Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)		110.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne 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) Dr. Leonel Cantu Mailing Address 2102 Deborah		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Transaction ID : SA11AI.22822 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Leonel Cantu Mailing Address 2102 Deborah City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt 13 2013 Transaction ID: SA11AI.23140 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Leonel Cantu Mailing Address 2102 Deborah City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23538 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	150.00
TOTAL This Period (last page this line number	r only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Leonel Cantu Mailing Address 2102 Deborah		Date of Receipt
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	Transaction ID : SA11AI.23888 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 550.00	contribution
Full Name (Last, First, Middle Initial) Ms Melissa Cantu Mailing Address 1201 S. Gumwood City Pharr FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General	State Zip Code TX 78577 C Occupation private investor Aggregate Year-to-Date ▼	Date of Receipt 07
Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Melissa Cantu Mailing Address 1201 S. Gumwood City	State Zip Code	Date of Receipt 08 09 2013 Transaction ID : SA11A1 23833
City Pharr FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78577 C Occupation private investor Aggregate Year-to-Date ▼ 400.00	Transaction ID : SA11AI.22823 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Ms Melissa Cantu Mailing Address 1201 S. Gumwood		Date of Receipt
City Pharr FEC ID number of contributing federal political committee	State Zip Code TX 78577	09 13 2013 Transaction ID : SA11AI.23141 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 450.00	contribution
Full Name (Last, First, Middle Initial) Ms Melissa Cantu Mailing Address 1201 S. Gumwood City	State Zip Code	Date of Receipt 10 11 2013
Pharr FEC ID number of contributing federal political committee.	TX 78577	Transaction ID : SA11AI.23539 Amount of Each Receipt this Period 50.00 contribution
Name of Employer self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms Melissa Cantu Mailing Address 1201 S. Gumwood City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID: SA11Al.23889
Pharr FEC ID number of contributing federal political committee. Name of Employer	TX 78577 C Occupation	Amount of Each Receipt this Period 50.00 contribution
self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	to solicit contributions from such committee.				
BORDER HEALTH FEDERA	L PAC					
Full Name (Last, First, Middle Initial) Dr. Joseph Caporusso		Date of Receipt				
Mailing Address 217 E. Yellowhammer		07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.22511				
McAllen	TX 78504	_ Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
self-employed	physician					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	700.00					
Other (specify) ▼	700.00					
Full Name (Last, First, Middle Initial) 3. Dr. Joseph Caporusso		Date of Receipt				
Mailing Address 217 E. Yellowhammer		08 09 2013				
City	State Zip Code	Transaction ID : SA11AI.22825				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
self-employed	physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00					
Full Name (Last, First, Middle Initial)						
Dr. Joseph Caporusso		Date of Receipt				
Mailing Address 217 E. Yellowhammer		09 13 2013				
City	State Zip Code	Transaction ID : SA11AI.23143				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
self-employed	physician					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	900.00					
SUBTOTAL of Receipts This Page (optional)	300.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	'AC	
Full Name (Last, First, Middle Initial) Dr. Joseph Caporusso Mailing Address 217 E. Yellowhammer		Date of Receipt
	State 7'm Cod-	10 11 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23541 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For: Primary General Other (specify) —	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr. Joseph Caporusso	1000.00	Date of Receipt
Mailing Address 217 E. Yellowhammer		Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23892
FEC ID number of contributing federal political committee.	C 76504	Amount of Each Receipt this Period 100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Carlos Cardenas		Date of Receipt
Mailing Address 1000 N. Taylor Road		07 15 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.22512 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	2800.00	600.00
TOTAL This Period (last page this line number of	<u>·</u> _	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.22826 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road		Date of Receipt 09 13 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11Al.23144 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial) Carlos Cardenas		Date of Receipt
Mailing Address 1000 N. Taylor Road		10 11 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.23542 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 4000.00	- contribution
SUBTOTAL of Receipts This Page (optional).	>	1200.00
TOTAL This Period (last page this line number	er only)	

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	ne name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road	Date of Receipt			
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.23893 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	400.00		
Name of Employer self-employed	Occupation physician	- contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00			
Full Name (Last, First, Middle Initial) Jose Carreras Mailing Address 1016 E. Griffin Parkway		Date of Receipt 08 092013		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.23095 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer self-employed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00			
Full Name (Last, First, Middle Initial) Jose Carreras		Date of Receipt		
Mailing Address 1016 E. Griffin Parkway		09 13 2013		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.23145 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1800.00	- contribution		
SUBTOTAL of Receipts This Page (optional)		1200.00		
TOTAL This Period (last page this line numbe	r only)			

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Jose Carreras	I AO	Date of Receipt
Mailing Address 1016 E. Griffin Parkway		10 11 2013
City mission	State Zip Code TX 78572	Transaction ID : SA11Al.23543 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2200.00	contribution
Full Name (Last, First, Middle Initial) Jose Carreras Mailing Address 1016 E. Griffin Parkway		Date of Receipt
City mission	State Zip Code TX 78572	11 15 2013 Transaction ID : SA11AI.23894 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	400.00 contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	
Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane		Date of Receipt O7 15 2013
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.22513 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation private investor	_ contribution
self-employed Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		850.00
or recorpto tillo i age (optional)	•••••••••••••••••••••••••••••••••••••••	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Marissa Castaneda		Date of Receipt
Mailing Address 5021 Elk Lane		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.22827
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Marissa Castaneda	•	Date of Receipt
Mailing Address 5021		M M / D D / Y Y Y Y
Elk Lane City	State Zip Code	09 13 2013 Transportion ID : \$444 At 22445
Edinburg	TX 78539	Transaction ID : SA11AI.23146 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) C. Marissa Castaneda	l	Date of Receipt
Mailing Address 5021 Elk Lane		10 11 2013
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.23544 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	150.00
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	ne name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) Full Name (Last, First Middle Initial)	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date ▼ 550.00	Date of Receipt 11 15 2013 Transaction ID: SA11AI.23895 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Mr. Rogeliio Castillo Mailing Address 2704 E. 20th Street City	State Zip Code	Date of Receipt 10 11 2013
Mission	TX 78572	Transaction ID : SA11AI.23545 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Mr. Rogeliio Castillo Mailing Address 2704 E. 20th Street		Date of Receipt 11 15 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.23896 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	100.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive		Date of Receipt
City	State Zip Code	07 15 2013 Transaction ID : SA11AI.22514
FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1750.00	contribution
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive		Date of Receipt
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	08 09 2013 Transaction ID : SA11AI.22828 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	contribution
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive City	State Zip Code	Date of Receipt 09 13 2013 Transaction ID: SA11AI.23148
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00 contribution
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	COTTEMBULIOTI
SUBTOTAL of Receipts This Page (optional)		750.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC					
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive		Date of Receipt				
City	State Zip Code	10 11 2013 Transaction ID : SA11AI.23546				
mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer	Occupation	contribution				
self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 2500.00					
Full Name (Last, First, Middle Initial) 3. Augusto Castrillon Mailing Address 223 Rio Grande Drive		Date of Receipt				
Mailing Address 223 Rio Grande Drive City	State Zip Code	11 15 2013 Transaction ID : SA11AI.23897				
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00					
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt				
Mailing Address 2301 N. Bryan Road		07 15 2013				
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.22515 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00					
SUBTOTAL of Receipts This Page (optional)		625.00				
TOTAL This Period (last page this line number	only)					

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road		Date of Receipt
City	State Zip Code TX 78572	08 09 2013 Transaction ID : SA11AI.22829 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road		Date of Receipt
City mission	State Zip Code TX 78572	09 13 2013 Transaction ID : SA11AI.23149 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
Mailing Address 2301 N. Bryan Road		10 11 2013
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.23548 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	- contribution
SUBTOTAL of Receipts This Page (optional)		375.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road		Date of Receipt
City mission	State Zip Code TX 78572	11 15 2013 Transaction ID : SA11AI.23898 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1375.00	- contribution
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City	State Zip Code	Date of Receipt 07 15 2013 Transaction ID: SA11Al.22516
weslaco FEC ID number of contributing federal political committee.	TX 78591	Amount of Each Receipt this Period
Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 875.00	contribution
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City	State Zip Code	Date of Receipt 08 09 2013 Transaction ID : SA11AI.22830
weslaco FEC ID number of contributing federal political committee.	TX 78591	Amount of Each Receipt this Period
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78591 C Occupation physician Aggregate Year-to-Date ▼ 1125.00	Date of Receipt 09 13 2013 Transaction ID : SA11AI.23150 Amount of Each Receipt this Period 125.00 contribution
Mailing Address 1210 East 8th street suite 1 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78591 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23549 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78591 C Occupation physician Aggregate Year-to-Date ▼ 1375.00	Date of Receipt 11 15 2013 Transaction ID: SA11AI.23899 Amount of Each Receipt this Period 125.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	375.00
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Dr. Virah Cooper Date of Receipt Mailing Address 1801 South 5th Street suite 7 15 2013 07 City State Zip Code Transaction ID: SA11AI.22518 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Virah Cooper Date of Receipt Mailing Address 1801 South 5th Street suite 7 08 09 2013 City State Zip Code Transaction ID: SA11AI.22831 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Virah Cooper Date of Receipt Mailing Address 1801 South 5th Street suite 7 09 13 2013 City State Zip Code Transaction ID: SA11AI.23151 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify)

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Virah Cooper Mailing Address 1801 South 5th Street suite	. 7	Date of Receipt
		10 11 2013
City	State Zip Code TX 78503	Transaction ID : SA11AI.23550
McAllen FFC ID number of contribution		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employee	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Virah Cooper	·	Date of Receipt
Mailing Address 1801 South 5th Street suite	7	M = M / D = D / Y = Y = Y
City	State Zip Code	11 15 2013
McAllen	TX 78503	Transaction ID : SA11AI.23900 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employee	physician	4
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Donna Cooper-Dockery		Date of Receipt
Mailing Address 2301 Solera Drive		07 15 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.22519
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	875.00	
SUBTOTAL of Receipts This Page (optional).		325.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) 1. Dr. Donna Cooper-Dockery		Date of Receipt
Mailing Address 2301 Solera Drive		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.22832
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	- contribution
self-employee	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Donna Cooper-Dockery Mailing Address 2301 Solera Drive		Date of Receipt
City	State Zip Code	09 13 2013
mission	TX 78572	Transaction ID : SA11AI.23152 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif necespt tills Period
federal political committee.	C	125.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Donna Cooper-Dockery		Date of Receipt
Mailing Address 2301 Solera Drive		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23551
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	_ contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
SUBTOTAL of Receipts This Page (optional)	375.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Donna Cooper-Dockery Mailing Address 2301 Solera Drive		Date of Receipt
City	State Zip Code	11 15 2013 Transaction ID : SA11AI.23901
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	- contribution
self-employee	physician]
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1375.00	
Full Name (Last, First, Middle Initial) 3. Dr. Oscar Cortez		Date of Receipt
Mailing Address 4101 South Burns Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	07 15 2013 Transaction ID : SA11AI 22520
McAllen	TX 78503	Transaction ID : SA11AI.22520 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. Oscar Cortez	1	Date of Receipt
Mailing Address 4101 South Burns Drive		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.22833
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
Self employed	physician]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (optional)		325.00
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Oscar Cortez Mailing Address 4101 South Burns Drive		Date of Receipt
City McAllen	State Zip Code TX 78503	09 13 2013 Transaction ID : SA11AI.23153
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Self employed Receipt For:	Occupation physician	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Oscar Cortez Mailing Address 4101 South Burns Drive		Date of Receipt 10 11 2013
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.23553 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Oscar Cortez		Date of Receipt
Mailing Address 4101 South Burns Drive		11 15 / Y = Y = Y = Y
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.23903 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1100.00	contribution
SUBTOTAL of Receipts This Page (optional)	•	300.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane City mcallen	Date of Receipt M M	
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1400.00	contribution
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane City mcallen	State Zip Code TX 78504	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1600.00	200.00 contribution
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 09 13 2013 Transaction ID : SA11AI.23154 Amount of Each Receipt this Period 200.00 contribution
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	•	600.00

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane City	State Zip Code	Date of Receipt 10 11 2013 Transaction ID: SA11Al.23554
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Amount of Each Receipt this Period 200.00 contribution
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2200.00	Date of Receipt 11 15 2013 Transaction ID : SA11Al.23904 Amount of Each Receipt this Period 200.00 contribution
Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22522 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	450.00
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or for commercial purposes, other than using the	e 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) Guillermo Cortinas Mailing Address 1224 Northgate Lane City mcallen FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt 08 09 2013 Transaction ID : SA11AI.22835 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution
Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane City	State Zip Code	Date of Receipt 09 13 2013
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78504 C Occupation	Transaction ID : SA11AI.23155 Amount of Each Receipt this Period 50.00 contribution
self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) C. Guillermo Cortinas Mailing Address 1224 Northgate Lane City	State Zip Code	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23555
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 50.00 contribution
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78504 C Occupation physician	Date of Receipt 11
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate City	State Zip Code	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22523
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00 contribution
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate City	State Zip Code	Date of Receipt 08 09 2013 Transaction ID : SAMA 23836
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.22836 Amount of Each Receipt this Period 250.00 contribution
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	<u> </u>	550.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate		Date of Receipt 09 13 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Transaction ID : SA11AI.23156 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23556 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2750.00	Date of Receipt 11
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Hildegardo Costa Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22524 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Hildegardo Costa Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 08 09 2013 Transaction ID: SA11AI.22837 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Hildegardo Costa Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt 99 13 2013 Transaction ID : SA11AI.23157 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	150.00

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14 13 15 16 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) Dr. Hildegardo Costa Date of Receipt Mailing Address 129 Bluebird 2013 10 City State Zip Code Transaction ID: SA11AI.23557 TX 78504 Mcallen Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Hildegardo Costa Date of Receipt Mailing Address 129 Bluebird 11 15 2013 City State Zip Code Transaction ID: SA11AI.23907 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) c. James Darling Date of Receipt Mailing Address 1225 E Peking 07 15 2013 City State Zip Code Transaction ID: SA11AI.22525 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 150.00 С federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking		Date of Receipt
City mcallen	State Zip Code TX 78501	Transaction ID : SA11Al.22838 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking		Date of Receipt
City mcallen	State Zip Code TX 78501	7 Transaction ID : SA11AI.23158 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	
Full Name (Last, First, Middle Initial) James Darling		Date of Receipt
Mailing Address 1225 E Peking	Qiata 71. O. I	10 11 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.23558 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1500.00	contribution
SUBTOTAL of Receipts This Page (optional).	<u> </u>	450.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking		Date of Receipt
City mcallen	State Zip Code TX 78501	11 15 2013 Transaction ID : SA11Al.23908 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) 3. David Deanda Mailing Address 2408 Dorado		Date of Receipt
City mission	State Zip Code TX 78574	07 15 2013 Transaction ID : SA11AI.22526 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) David Deanda		Date of Receipt
Mailing Address 2408 Dorado	0:	08 09 2013
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.22839 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2000.00	- contribution
SUBTOTAL of Receipts This Page (optional).		650.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using t	he 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) David Deanda Mailing Address 2408 Dorado City mission	State Zip Code TX 78574	Date of Receipt 09 13 2013 Transaction ID : SA11AI.23159 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 2250.00	250.00 contribution
Full Name (Last, First, Middle Initial) 3. David Deanda Mailing Address 2408 Dorado City	State Zip Code	Date of Receipt 10 11 2013
mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	TX 78574 C Occupation private investor Aggregate Year-to-Date ▼ 2500.00	Transaction ID : SA11AI.23559 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78574 C Occupation private investor Aggregate Year-to-Date ▼ 2750.00	Date of Receipt 11 15 2013 Transaction ID: SA11AI.23909 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	er only)	

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or for commercial purposes, other than using t	he 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) Dr. Andrew De La Garza Mailing Address 708 South H Street		Date of Receipt
City McAllen FEC ID number of contributing	State Zip Code TX 78501	07 15 2013 Transaction ID : SA11AI.22527 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed	Occupation physician	50.00 contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) 3. Dr. Andrew De La Garza Mailing Address 708 South H Street		Date of Receipt 08 09 2013
City McAllen FEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.22840 Amount of Each Receipt this Period 50.00
Name of Employer self-employed Receipt For:	Occupation physician	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Andrew De La Garza Mailing Address 708 South H Street		Date of Receipt 09 13 2013
City McAllen	State Zip Code TX 78501	Transaction ID : SA11Al.23160 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 450.00	- contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	150.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than us	ing the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC	
Full Name (Last, First, Middle Initial) A. Dr. Andrew De La Garza		Date of Receipt
Mailing Address 708 South H Street		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23560
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-bate ¥	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) B. Dr. Andrew De La Garza	•	Date of Receipt
Mailing Address 708 South H Street		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.23910
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) C. Jorge De La Garza		Date of Receipt
Mailing Address 120 Condor		07 152013
City	State Zip Code	Transaction ID : SA11AI.22528
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1750.00	
	nal)	350.00

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or for commercial purposes, other than using the	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) A. Jorge De La Garza		Date of Receipt
Mailing Address 120 Condor		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.22841
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor		Date of Receipt
City	State Zip Code	09 13 2013 Transaction ID : \$A11A1 23161
mcallen	TX 78504	Transaction ID : SA11AI.23161 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) C. Jorge De La Garza		Date of Receipt
Mailing Address 120 Condor		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23561
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.23911 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Luis Delgado Jr. Mailing Address 5128 N. 10th		Date of Receipt 07 15 2013
City Mcallen	State Zip Code TX 78504	7 15 2013 Transaction ID : SA11AI.22530 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th	Charles	08 09 2013
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22843 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1200.00	contribution
SUBTOTAL of Receipts This Page (optional).		550.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full)		
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Luis Delgado Jr. Mailing Address 5138 N. 10th		Date of Receipt
Mailing Address 5128 N. 10th		09 13 7 9 9 9
,	ate Zip Code	Transaction ID : SA11AI.23163
Mcallen T	X 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		150.00
Name of Employer Occi	upation	contribution
	ician	
Receipt For:	regate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1350.00	
Full Name (Last, First, Middle Initial) Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th		10 11 _ 2013 _
City	ate Zip Code	Transaction ID : SA11AI.23564
Mcallen T	·	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		150.00
Name of Employer Occi	upation	contribution
selfemployed phys	'	
Pagaint For:		
Primary General Other (specify) ▼	regate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial)		
Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th		11 15 2013
,	ate Zip Code	Transaction ID : SA11AI.23914
Mcallen T.	X 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		150.00
' '	upation	contribution
	ician	
Receipt For: Agg	regate Year-to-Date ▼	
Primary General Other (specify) ▼	1650.00	
SUBTOTAL of Receipts This Page (optional)		450.00
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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dr. Parul Desai Mailing Address 7004 North 1st		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 700.00	Transaction ID : SA11AI.22531 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Parul Desai Mailing Address 7004 North 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 800.00	Date of Receipt 08 09 2013 Transaction ID: SA11AI.22844 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Parul Desai Mailing Address 7004 North 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 09 13 2013 Transaction ID: SA11AI.23164 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	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Or. Parul Desai Mailing Address 7004 North 1st		Date of Receipt
City	State Zip Code	10 11 2013 Transaction ID : SA11AI.23565
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Parul Desai Mailing Address 7004 North 1st		Date of Receipt
Mailing Address 7004 North 1st City McAllen	State Zip Code TX 78504	11 15 2013 Transaction ID : SA11AI.23915 Amount of Fook Possint this Posind
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Satish D. Desai		Date of Receipt
Mailing Address 7004 North 1st		07 15 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.22532 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	>	250.00
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or for commercial purposes, other than using the	he 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) Dr. Satish D. Desai Mailing Address 7004 North 1st		Date of Receipt 08 09 2013
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.22845 Amount of Each Receipt this Period 50.00 contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Satish D. Desai Mailing Address 7004 North 1st	400.00	Date of Receipt
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Transaction ID : SA11AI.23165 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Satish D. Desai Mailing Address 7004 North 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 10 11 2013 Transaction ID : SA11Al.23566 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

Dr. Satish D. Desai

Date of Receipt

١.	Full Name (Last, First, Middle Initial) Dr. Satish D. Desai		Date of Receipt
	Mailing Address 7004 North 1st		M = M / D = D / Y = Y = Y = Y 11 15 _ 2013 _
	City	State Zip Code	Transaction ID : SA11AI.23916
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	550.00	
3.	Full Name (Last, First, Middle Initial) Mr. Ted Disque		Date of Receipt
	Mailing Address 501 Iris		11 15 2013 _
	City	State Zip Code	Transaction ID : SA11AI.23917
	McAllen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer	Occupation	contribution
	selfemployed	private investor	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	220.00	
).	Full Name (Last, First, Middle Initial) Alberto Duran		Date of Receipt
	Mailing Address 1615 Palazzo		07 15 2013
	City	State Zip Code	Transaction ID : SA11AI.22534
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1750.00	
s	UBTOTAL of Receipts This Page (optional)	•	320.00
Т	OTAL This Period (last page this line number of	only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo		Date of Receipt
City mission	State Zip Code TX 78572	08 09 2013 Transaction ID : SA11AI.22847 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.23167 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial)	2250.00	
Alberto Duran Mailing Address 1615 Palazzo		Date of Receipt 10 11 2013
City	State Zip Code TX 78572	Transaction ID : SA11AI.23568 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Coounction	250.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	-
SUBTOTAL of Receipts This Page (optional).	•	750.00
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) A. Alberto Duran Mailing Address 1615 Palazzo		Date of Receipt
City mission	State Zip Code TX 78572	11 15 2013 Transaction ID : SA11AI.23918 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Ms Oneida Elizondo Mailing Address 2411 Durango Drive	State Zin Code	Date of Receipt 09 13 2013
City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.23168 Amount of Each Receipt this Period 25.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 225.00	contribution
Full Name (Last, First, Middle Initial) Ms Oneida Elizondo Mailing Address 2411 Durango Drive		Date of Receipt 10 11 2013
City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.23569 Amount of Each Receipt this Period 25.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 250.00	contribution
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	300.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F Full Name (Last, First, Middle Initial)	PAC	
Full Name (Last First Middle Initial)		
Ms Oneida Elizondo		Date of Receipt
Mailing Address 2411 Durango Drive		11 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23919
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) Kotthegal Eshwar		Date of Receipt
Mailing Address 108 Yellow Hammer		07 15 _2013
City	State Zip Code	Transaction ID : SA11AI.22536
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Kotthegal Eshwar		Date of Receipt
Mailing Address 108 Yellow Hammer		08 09 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22849 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		125.00

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	* *	
Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer City mcallen FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt M
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 450.00	contribution
Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer City	State Zip Code	Date of Receipt 10 11 2013
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78504 C Occupation	Transaction ID : SA11AI.23570 Amount of Each Receipt this Period 50.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID: SA11AL 23920
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	C C C C C C C C C C C C C C C C C C C	Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL				
Full Name (Last, First, Middle Initial) A. Antonio Esparza Mailing Address 136 W. Yucca		Date of Receipt		
City mcallent FEC ID number of contributing	State Zip Code TX 78504	07 15 2013 Transaction ID : SA11AI.22537 Amount of Each Receipt this Period		
federal political committee. Name of Employer selfemployed	Occupation physician	250.00 contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00			
Full Name (Last, First, Middle Initial) 3. Antonio Esparza Mailing Address 136 W. Yucca		Date of Receipt 08 09 2013		
City mcallent FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11Al.22850 Amount of Each Receipt this Period 250.00		
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	- contribution		
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	2000.00			
Antonio Esparza Mailing Address 136 W. Yucca		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City mcallent	State Zip Code TX 78504	Transaction ID : SA11AI.23170 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00 contribution		
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	- Sommisulon		
SUBTOTAL of Receipts This Page (optional)		750.00		
TOTAL This Period (last page this line number	r only)			

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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	Date of Receipt					
City	State Zip Code TX 78504	10 11 2013 Transaction ID : SA11AI.23571				
mcallent FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution				
Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca		Date of Receipt				
City mcallent FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.23921 Amount of Each Receipt this Period 250.00				
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00	contribution				
Full Name (Last, First, Middle Initial) Antonio Falcon Mailing Address 2768 Pharmacy Road City	State Zip Code	Date of Receipt 07 15 2013 Transaction ID: SA11Al.22538				
rio grande city FEC ID number of contributing federal political committee.	TX 78582	Amount of Each Receipt this Period				
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 700.00	contribution				
SUBTOTAL of Receipts This Page (optional)		600.00				
TOTAL This Period (last page this line number	only)					

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or for commercial purposes, other than using th	e 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) Antonio Falcon Mailing Address 2768 Pharmacy Road		Date of Receipt
City rio grande city	State Zip Code TX 78582	08 09 2013 Transaction ID : SA11AI.22851 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00 contribution
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Antonio Falcon Mailing Address 2768 Pharmacy Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City rio grande city FEC ID number of contributing federal political committee.	State Zip Code TX 78582	Transaction ID : SA11AI.23171 Amount of Each Receipt this Period 100.00
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	- contribution
Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial) Antonio Falcon Mailing Address 2768 Pharmacy Road		Date of Receipt 10 11 2013
City rio grande city	State Zip Code TX 78582	Transaction ID : SA11AI.23573 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	. contribution
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any persone name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Antonio Falcon Mailing Address 2768 Pharmacy Road	Antonio Falcon Mailing Address 2768 Pharmacy Road					
City rio grande city FEC ID number of contributing federal political committee.	State Zip Code TX 78582	Transaction ID : SA11AI.23923 Amount of Each Receipt this Period 100.00				
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1100.00	contribution				
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City mcallen	State Zip Code TX 78504	Date of Receipt 07				
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1750.00	250.00 contribution				
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y					
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Transaction ID : SA11AI.22852 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	r only)					

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C	Date of Receipt 09 13 2013 Transaction ID : SA11Al.23172 Amount of Each Receipt this Period 250.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway	Stoto 7:- O-d-	Date of Receipt 10 11 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.23574 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway	Choto 7'- Only	Date of Receipt 11 15 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2750.00	Transaction ID : SA11AI.23924 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numbe	r only)	

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Detailed Summary Page	×	11a		11b		11c		12	
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BORDER HEALTH FEDER	RAL PAC							
Full Name (Last, First, Middle Initial) A. Dr. Alexander Feigl								
Mailing Address 110 E. Savannah #101	Mailing Address 110 E. Savannah #101							
City	State Zip Code	07 15 2013 Transaction ID : SA11Al.22540						
McAllen	TX 78503	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer	Occupation	contribution						
self-employed	physician							
Receipt For:		-						
Primary General	Aggregate Year-to-Date ▼							
Other (specify) ▼	1750.00							
Full Name (Last, First, Middle Initial) B. Dr. Alexander Feigl		Date of Receipt						
Mailing Address 110 E. Savannah #101	08 09 _2013 _							
City	State Zip Code	Transaction ID : SA11AI.22853						
McAllen	TX 78503	Amount of Each Receipt this Period						
FEC ID number of contributing								
federal political committee.	C	250.00						
Name of Employer	Occupation	contribution						
self-employed	physician							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General	riggregate roan to Date y							
Other (specify) ▼	2000.00							
Full Name (Last, First, Middle Initial) C. Dr. Alexander Feigl		Date of Receipt						
Mailing Address 110 E. Savannah #101		09 13 2013						
City	State Zip Code	Transaction ID : SA11AI.23173						
McAllen	TX 78503	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer	Occupation	contribution						
self-employed								
Receipt For:	1, 7							
Primary General	riggiogalo Tour lo Dale ¥							
Other (specify) ▼	2250.00							
SUBTOTAL of Receipts This Page (optio	nal)	750.00						
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC				
Full Name (Last, First, Middle Initial) Dr. Alexander Feigl Mailing Address 110 E. Savannah #101		Date of Receipt			
City	Stata Zin Coda	10 11 2013			
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.23575 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution			
Primary General Other (specify) ▼	2500.00				
Full Name (Last, First, Middle Initial) Dr. Alexander Feigl Mailing Address 110 E. Savannah #101	Date of Receipt				
City	State Zip Code	11 15 2013 Transaction ID : SA11AI.23925			
McAllen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00			
Name of Employer self-employed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00				
Full Name (Last, First, Middle Initial) Alberto Felici		Date of Receipt			
Mailing Address 2309 W. Greenbriar Square		07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22541 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	100.00			
Name of Employer self-employed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00				
SUBTOTAL of Receipts This Page (optional)	>	600.00			
TOTAL This Period (last page this line number of	only)				

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC			
Full Name (Last, First, Middle Initial) Alberto Felici Mailing Address 2309 W. Greenbriar Square		Date of Receipt		
City mcallen FEC ID number of contributing	State Zip Code TX 78504	08 09 2013 Transaction ID : SA11AI.22854 Amount of Each Receipt this Period 100.00		
federal political committee. Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼	contribution		
Full Name (Last, First, Middle Initial) Alberto Felici Mailing Address 2309 W. Greenbriar Square City	Date of Receipt 09 13 2013			
mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504 C	Transaction ID : SA11AI.23174 Amount of Each Receipt this Period 100.00 contribution		
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 900.00			
Full Name (Last, First, Middle Initial) Alberto Felici Mailing Address 2309 W. Greenbriar Square		Date of Receipt 10 11 2013		
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.23576 Amount of Each Receipt this Period 79.84		
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 979.84	contribution		
SUBTOTAL of Receipts This Page (optional)	•	279.84		
TOTAL This Period (last page this line number	only)			

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or for commercial purposes, other than using	the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC				
Full Name (Last, First, Middle Initial) A. Marco Flores		Date of Receipt			
Mailing Address 320 Primrose		07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11AI.22542			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General					
Other (specify) ▼	1750.00				
Full Name (Last, First, Middle Initial) Marco Flores		Date of Receipt			
Mailing Address 320 Primrose		M = M / D = D / Y = Y = Y			
City	Stata Zin Code	08 09 2013			
City	State Zip Code TX 78504	Transaction ID : SA11AI.22855			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:	Aggregate Year-to-Date ▼	7			
Primary General Other (specify) ▼	2000.00				
Full Name (Last, First, Middle Initial) C. Marco Flores		Data of Boo-int			
Mailing Address 320 Primrose		Date of Receipt			
JZU PIIMIOSE		09 13 2013			
City	State Zip Code	Transaction ID : SA11AI.23175			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	contribution			
self-employed					
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General	. 1991. Ogdio Todi to Date ▼				
Other (specify) ▼	2250.00				
SUBTOTAL of Receipts This Page (optional)		750.00			
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC				
Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose		Date of Receipt			
		10 11 2013			
City	State Zip Code	Transaction ID : SA11AI.23577			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	- contribution			
self-employed	physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00				
Full Name (Last, First, Middle Initial) 3. Marco Flores		Date of Receipt			
Mailing Address 320 Primrose		11 152013 _			
City	City State Zip Code				
mcallen	TX 78504	Transaction ID : SA11AI.23927 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer self-employed	Occupation physician	- contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00				
Full Name (Last, First, Middle Initial) C. Ms Melissa P. Flores		Date of Receipt			
Mailing Address 4420 East Mile 17 1/2		09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Edinburg	State Zip Code TX 78542	Transaction ID : SA11AI.23177 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer	Occupation	_ contribution			
self-employee	private investor				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	225.00				
SUBTOTAL of Receipts This Page (optional)		525.00			
TOTAL This Period (last page this line numb	er only)				

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name (Last, First, Middle Initial) Ms Melissa P. Flores Mailing Address 4420 East Mile 17 1/2	Ms Melissa P. Flores					
City	State Zip Code	10 11 2013 Transaction ID : SA11AI.23579				
Edinburg	TX 78542	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	25.00				
Name of Employer	Occupation	contribution				
self-employee	private investor	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) 3. Ms Melissa P. Flores		Date of Receipt				
Mailing Address 4420 East Mile 17 1/2		11 15 _ 2013 _				
City	State Zip Code	11 15 2013 Transaction ID : SA11AI.23929				
Edinburg	TX 78542	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer	Occupation	contribution				
self-employee	private investor	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00					
Full Name (Last, First, Middle Initial) C. Mr. Raymond Franklin		Date of Receipt				
Mailing Address 3212 Nightingale Court		07 15 2013				
City	State Zip Code	Transaction ID : SA11AI.22545				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	contribution				
selfemployed	private investor	_				
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	350.00					
SUBTOTAL of Receipts This Page (optional))	100.00				
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or for commercial purposes, other than using th	Statements may not be sold or used by any pers	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 400.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court City	State Zip Code	Date of Receipt 09 13 2013 Transaction ID : SA11AI.23178
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX 78504 C Occupation	Amount of Each Receipt this Period 50.00 contribution
selfemployed Receipt For: Primary Other (specify)	private investor Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 500.00	Date of Receipt 10 11 2013 Transaction ID : SA11AI.23580 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	<u>·</u> _	

FOR LINE NUMBER: PAGE 119 OF Use separate schedule(s) for each category of the Detailed Summary Page (check only one) **X** 11a 11b 11c 12 13 14 16 15

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court		Date of Receipt
City	State Zip Code TX 78504	11 15 2013 Transaction ID : SA11AI.23930
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 550.00	contribution
Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia		Date of Receipt
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	7 15 2013 Transaction ID : SA11AI.22546 Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2800.00	contribution
Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia City	State Zip Code	Date of Receipt 08 09 2013 Transaction ID: SA11AI.22859
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3200.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	850.00
TOTAL This Period (last page this line number	only)	

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	ng the name and address of any political committee				
BORDER HEALTH FEDER	AL PAC				
Full Name (Last, First, Middle Initial) Eugenio Galindo		Date of Receipt			
Mailing Address 5936 N. Cynthia		09 13 2013			
City	State Zip Code	Transaction ID : SA11AI.23179			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	3600.00				
Full Name (Last, First, Middle Initial) Lugenio Galindo		Date of Receipt			
Mailing Address 5936 N. Cynthia		10 11 _2013 _			
City	State Zip Code	Transaction ID : SA11AI.23581			
mcallen	allen TX 78504				
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	4000.00				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address 5936 N. Cynthia		11 15 2013			
City	State Zip Code	Transaction ID : SA11AI.23931			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer	Name of Employer Occupation				
self-employed	1 2				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	4400.00				
SUBTOTAL of Receipts This Page (option.	al)	1200.00			
TOTAL This Period (last page this line nur	mber only)				

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa		Date of Receipt
City	State Zip Code	07 15 2013 Transaction ID : SA11Al.22547
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa		Date of Receipt 08 09 2013
City mission	State Zip Code TX 78572	Transaction ID : SA11Al.22860 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
Mailing Address 2800 Santa Teresa		09 13 2013
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.23180 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa		Date of Receipt
City	State Zip Code TX 78572	10 11 2013 Transaction ID : SA11AI.23582
mission FEC ID number of contributing federal political committee.	1x 78572	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa		Date of Receipt
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.23932 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Hiram Garcia		Date of Receipt
Mailing Address 2712 E Mile 5 Road		07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.22548 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1750.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road		Date of Receipt
City	State Zip Code	08 09 2013 Transaction ID : SA11Al.22861
Mission FEC ID number of contributing federal political committee	TX 78574	Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer	Occupation	contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial)	2,000,00	Date of Date of
Mailing Address 2712 E Mile 5 Road		Date of Receipt O9 13 2013
City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.23181 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Hiram Garcia		Date of Receipt
Mailing Address 2712 E Mile 5 Road	0000	10 11 2013
City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.23583 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Hiram Garcia Mailing Address 2712 E Mile 5 Road		Date of Receipt
City	State Zip Code	11 15 2013 Transaction ID : SA11Al.23933
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Ms Nancy Garcia Mailing Address 1409 Dora Jeanne Drive		Date of Receipt
		11 15 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.23935
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia		Date of Receipt
Mailing Address 1717 Palazzo		07 15 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.22550 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2800.00	
SUBTOTAL of Receipts This Page (optional)		670.00
TOTAL This Period (last page this line number	only)	

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r for commercial purposes, other than using	ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia Mailing Address 1717 Palazzo		Date of Receipt
		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.22863
Mission	TX 78572	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	- contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3200.00	
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia		Date of Receipt
Mailing Address 1717 Palazzo		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	09 13 2013 Transaction ID : SA11AI.23183
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial)		
Dr. Oscar Garcia Mailing Address 1717 Palazzo		Date of Receipt
Walling Address 1/1/ Palazzo		10 11 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.23586
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4000.00	
SUBTOTAL of Receipts This Page (ontion	nal)	1200.00
OTAL This Period (last page this line nu	mber only)	

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or for commercial purposes, other than using	and Statements may not be sold or used by any peling the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia Mailing Address 1717 Palazzo		Date of Receipt
	01-1-	11 15 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.23936
	10012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	4400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Ricardo Garcia		Date of Receipt
Mailing Address 6108 North 5th Street		07 15 _2013 _
City	State Zip Code	07 15 2013 Transaction ID : SA11AI.22552
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	75.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:		\dashv
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	525.00	
Full Name (Last, First, Middle Initial) Dr. Ricardo Garcia	<u> </u>	Date of Receipt
Mailing Address 6108 North 5th Street		08 09 2013
City	State Zip Code	08 09 2013 Transaction ID : SA11Al.23097
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer	Occupation	contribution
self-employed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (ontions	al)	550.00
TOTAL This Period (last page this line nun	mber only)	

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NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL Full Name (Last, First, Middle Initial) Dr. Ricardo Garcia Mailing Address 6108 North 5th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 09 13 2013 Transaction ID: SA11Al.23185 Amount of Each Receipt this Period 100.00 contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Ricardo Garcia Mailing Address 6108 North 5th Street	700.00	Date of Receipt
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 800.00	Transaction ID: SA11AI.23588 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Ricardo Garcia Mailing Address 6108 North 5th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 11 15 2013 Transaction ID: SA11AI.23938 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)	_	300.00
TOTAL This Period (last page this line numb	per only)	

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	statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Dr. Samuel Garcia Mailing Address 137 E. Guardenia		Date of Receipt
	Obel	07 15 2013
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.22553
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. Samuel Garcia Mailing Address 137 E. Guardenia		Date of Receipt
Mailing Address 137 E. Guardenia City McAllen	State Zip Code TX 78501	08 09 2013 Transaction ID : SA11AI.22865 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Dr. Samuel Garcia		Date of Receipt
Mailing Address 137 E. Guardenia		09 13 _ 2013 _
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.23186 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (optional)	_	300.00
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Samuel Garcia Mailing Address 137 E. Guardenia		Date of Receipt
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.23589 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Samuel Garcia Mailing Address 137 E. Guardenia		Date of Receipt 1,1 15 2013
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.23939 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu	· 	Date of Receipt
Mailing Address 4121 N. 10th #240		07 / 15 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22554 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1750.00	- contribution
SUBTOTAL of Receipts This Page (optional).	>	450.00
TOTAL This Period (last page this line number	er only)	

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	he name and address of any political committee to						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240 City Mcallen	Dr. Carlos Garcia-Cantu ailing Address 4121 N. 10th #240 ity State Zip Code						
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00 contribution					
Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt 09 13 2013 Transaction ID: SA11AI.23187 Amount of Each Receipt this Period 250.00 contribution					
Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 10 11 2013 Transaction ID: SA11Al.23591 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	r only)						

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240		Date of Receipt
	City Mcallen	State Zip Code TX 78504	11 15 2013 Transaction ID : SA11AI.23941 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
	Other (specify) ▼	2750.00	
В.	Full Name (Last, First, Middle Initial) Ms Anna Garza Mailing Address 3212 S Boyce Circle		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Donna FEC ID number of contributing	State Zip Code TX 78557	Transaction ID : SA11AI.23189 Amount of Each Receipt this Period 25.00
	Receipt For:	Occupation private investor	contribution
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
C.	Full Name (Last, First, Middle Initial) Ms Anna Garza		Date of Receipt
	Mailing Address 3212 S Boyce Circle City	State Zip Code	10 11 2013 Transaction ID : SA11AI.23593
	Donna FEC ID number of contributing federal political committee.	TX 78557	Amount of Each Receipt this Period 25.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
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or for commercial purposes, other than using the	ne 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) Ms Anna Garza Mailing Address 3212 S Boyce Circle		Date of Receipt
City Donna	State Zip Code TX 78557	Transaction ID : SA11AI.23943 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 275.00	- contribution
Full Name (Last, First, Middle Initial) Dr. James Garza Mailing Address 2821 Lakeshore Drive City	State Zip Code	Date of Receipt 07 15 2013
Edinburg FEC ID number of contributing federal political committee. Name of Employer	TX 78539	Transaction ID : SA11AI.22557 Amount of Each Receipt this Period 400.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2800.00	
Full Name (Last, First, Middle Initial) Dr. James Garza Mailing Address 2821 Lakeshore Drive	Stata Zin Coda	Date of Receipt 08 09 2013
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3200.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	825.00
TOTAL This Period (last page this line number	r only)	

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

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or for commercial purposes, other than using th	e 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) Dr. James Garza Mailing Address 2821 Lakeshore Drive	ames Garza					
City Edinburg	State Zip Code TX 78539	09 13 2013 Transaction ID : SA11AI.23190 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer	Occupation	400.00 contribution				
self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 3600.00					
Full Name (Last, First, Middle Initial) Dr. James Garza Mailing Address 2821 Lakeshore Drive		Date of Receipt 10 11 2013				
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.23594 Amount of Each Receipt this Period 400.00				
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution				
Other (specify) ▼ Full Name (Last, First, Middle Initial)	4000.00					
Dr. James Garza Mailing Address 2821 Lakeshore Drive		Date of Receipt 11 15 2013				
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.23944 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00 contribution				
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 4400.00					
SUBTOTAL of Receipts This Page (optional)	>	1200.00				
TOTAL This Period (last page this line number	r only)					

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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) Dr. Martin Garza Date of Receipt Mailing Address P.O. Box 180 07 2013 City State Zip Code Transaction ID: SA11AI.22558 78563 TX Linn Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Martin Garza Date of Receipt Mailing Address P.O. Box 180 80 09 2013 City State Zip Code Transaction ID: SA11AI.22870 TX 78563 Linn Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify)

	7 7 7	
Full Name (Last, First, Middle Initial) Dr. Martin Garza		Date of Receipt
Mailing Address P.O. Box 180		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23191
Linn	TX 78563	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer	Occupation	Contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	

150.00

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

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or for commercial purposes, other than using th	ne 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) Dr. Martin Garza Mailing Address P.O. Box 180		Date of Receipt
City Linn FEC ID number of contributing federal political committee.	State Zip Code TX 78563	Transaction ID : SA11AI.23595 Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	contribution
Full Name (Last, First, Middle Initial) Dr. Martin Garza Mailing Address P.O. Box 180 City	State Zip Code	Date of Receipt 11 15 2013
Linn FEC ID number of contributing federal political committee.	TX 78563	Transaction ID : SA11AI.23945 Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 550.00	contribution
Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 2800.00	Transaction ID : SA11AI.22559 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt
City mcallen	State Zip Code TX 78504	08 09 2013 Transaction ID : SA11AI.22871 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 3200.00	- contribution
Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.23192 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 3600.00	- contribution
Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt 10 11 2013
City mcallen FEC ID number of contributing federal political committee	State Zip Code TX 78504	Transaction ID : SA11AI.23596 Amount of Each Receipt this Period 400.00
federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 4000.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1200.00
TOTAL This Period (last page this line number	· only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt
City	State Zip Code	11 15 2013 Transaction ID : SA11Al.23946
mcallen	TX 78504	Transaction ID : SA11AI.23946 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation private investor	- contribution
selfemployed Receipt For:	private investor Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2244 27 July 19 No. 11		Date of Receipt
Mailing Address 2311 Silvardo North		07 15 2013
City	State Zip Code TX 78539	Transaction ID : SA11AI.22560
Palmhurst FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	self-employee physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo		Date of Receipt
Mailing Address 2311 Silvardo North		08 09 2013
City Palmhurst	State Zip Code TX 78539	Transaction ID : SA11AI.22872 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	self-employee physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional)		650.00
TOTAL This Period (last page this line number	· only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North		Date of Receipt
City Palmhurst	State Zip Code TX 78539	09 13 2013 Transaction ID : SA11AI.23193 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation self-employee physician Aggregate Year-to-Date ▼ 1125.00	
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North	State 7:- C-d-	Date of Receipt 10 11 2013
City Palmhurst FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.23597 Amount of Each Receipt this Period 125.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation self-employee physician Aggregate Year-to-Date ▼ 1250.00	contribution
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North	State Zip Code	Date of Receipt 11 15 2013
City Palmhurst FEC ID number of contributing federal political committee.	TX 78539	Transaction ID : SA11AI.23947 Amount of Each Receipt this Period 125.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation self-employee physician Aggregate Year-to-Date ▼ 1375.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	375.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dr. Jesus Garza-Tamez Mailing Address 1400 W. Gardenia		Date of Receipt 07 15 2013
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78501 C Occupation physician	Transaction ID : SA11AI.22561 Amount of Each Receipt this Period 100.00 contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) 3. Dr. Jesus Garza-Tamez Mailing Address 1400 W. Gardenia		Date of Receipt 08 09 2013
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.22873 Amount of Each Receipt this Period 100.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 800.00	contribution
Full Name (Last, First, Middle Initial) Dr. Jesus Garza-Tamez Mailing Address 1400 W. Gardenia City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
McAllen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 100.00 contribution
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optional)	.	300.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	ne 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) Dr. Jesus Garza-Tamez Mailing Address 1400 W. Gardenia		Date of Receipt
City McAllen	State Zip Code TX 78501	10 11 2013 Transaction ID : SA11AI.23598 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	100.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Jesus Garza-Tamez Mailing Address 1400 W. Gardenia		Date of Receipt 11 15 2013
City McAllen FEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.23948 Amount of Each Receipt this Period 100.00
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial)	1100.00	
C. Lawrence Gelman Mailing Address 3900 Sundown Drive		Date of Receipt 07 15 2013
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.22562 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2800.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	600.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive		Date of Receipt
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 3200.00	Transaction ID : SA11AI.22874 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing	State Zip Code TX 78503	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼ Name of Employer Selfemployed General	Occupation physician Aggregate Year-to-Date ▼ 3600.00	contribution
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23599 Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 4000.00	contribution
SUBTOTAL of Receipts This Page (optional)) >	1200.00
TOTAL This Period (last page this line numb	per only)	

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	the name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive	Date of Receipt				
City mcallen	State Zip Code TX 78503	11 15 2013 Transaction ID : SA11AI.23949 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer selfemployed	Occupation physician	- contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00				
Full Name (Last, First, Middle Initial) Dr. Sathiyaraj George Mailing Address 2607 Solera		Date of Receipt			
City Mission	State Zip Code TX 78572	7 15 2013 Transaction ID : SA11AI.22563 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer self-employed	Occupation physician	- contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00				
Full Name (Last, First, Middle Initial) Dr. Sathiyaraj George		Date of Receipt			
Mailing Address 2607 Solera	7. 6	08 09 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y			
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.22875 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	_ contribution			
SUBTOTAL of Receipts This Page (optional).		900.00			
TOTAL This Period (last page this line number	er only)				

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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	e to solicit contributions from such committee.			
BORDER HEALTH FEDER	AL PAC				
Full Name (Last, First, Middle Initial) Dr. Sathiyaraj George		Date of Receipt			
Mailing Address 2607 Solera		09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11AI.23196			
Mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	Aggregate real-to-Date ▼				
Other (specify) ▼	2250.00				
Full Name (Last, First, Middle Initial) Dr. Sathiyaraj George	,	Date of Receipt			
Mailing Address 2607 Solera		10 11 2013			
City	City State Zip Code				
Mission	Transaction ID : SA11Al.23600 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	2500.00				
Full Name (Last, First, Middle Initial) Dr. Sathiyaraj George	1	Date of Receipt			
Mailing Address 2607 Solera		11 15 2013			
City	State Zip Code	Transaction ID : SA11AI.23950			
Mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	2750.00				
SUBTOTAL of Receipts This Page (option	al)	750.00			
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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th	Date of Receipt	
City McAllen	State Zip Code TX 78504	07 15 2013 Transaction ID : SA11AI.22565 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	100.00 - contribution
self-employee Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) 3. Dr. Richard Gillett Mailing Address 54 South 10th		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.22877 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employee	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th		Date of Receipt
City McAllen	State Zip Code TX 78504	09 13 2013 Transaction ID : SA11AI.23198 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00 contribution
Name of Employer self-employee Receipt For:	Occupation physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th		Date of Receipt 10 11 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23602 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employee	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th		Date of Receipt
City McAllen	State Zip Code TX 78504	11 15 2013 Transaction ID : SA11Al.23952 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Alvaro Giraldo		Date of Receipt
Mailing Address 106 W. Flamingo		07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22566 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 700.00	- contribution
SUBTOTAL of Receipts This Page (optional).	>	300.00
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo		Date of Receipt
City mcallen	State Zip Code TX 78504	08 09 2013 Transaction ID : SA11Al.22878
FEC ID number of contributing federal political committee.	C 78504	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo		Date of Receipt 09 13 _2013 _
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.23199 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Alvaro Giraldo		Date of Receipt
Mailing Address 106 W. Flamingo	Chata	10 11 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.23603 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	- contribution
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	er only)	

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

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Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC			
Full Name (Last, First, Middle Initial) A. Alvaro Giraldo Mailing Address 106 W. Flamingo		Date of Receipt		
	Choke 7th On the	11 15 2013		
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.23953		
FEC ID number of contributing federal political committee.	C 78504	Amount of Each Receipt this Period		
Name of Employer selfemployed	Occupation physician	- contribution		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1100.00			
Full Name (Last, First, Middle Initial) Dr. Felipe Gomez Mailing Address 2401 SE Augusta Square		Date of Receipt		
City McAllen	State Zip Code TX 78503	07 15 2013 Transaction ID : SA11AI.22567 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00 contribution		
Name of Employer self-employed	Occupation physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			
Full Name (Last, First, Middle Initial) Dr. Felipe Gomez		Date of Receipt		
Mailing Address 2401 SE Augusta Square		08 09 2013		
City McAllen	State Zip Code TX 78503	Transaction ID : SA11Al.22879 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer	Occupation	contribution		
self-employed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	400.00			
SUBTOTAL of Receipts This Page (optional)	_	200.00		
TOTAL This Period (last page this line number	<u> </u>			

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Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC			
Full Name (Last, First, Middle Initial) Dr. Felipe Gomez Mailing Address 2401 SE Augusta Square		Date of Receipt		
City	State Zip Code	09 13 2013		
McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.23200 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution		
Other (specify) Full Name (Last, First, Middle Initial)	450.00			
Dr. Felipe Gomez Mailing Address 2401 SE Augusta Square		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.23604 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer self-employed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Dr. Felipe Gomez		Date of Receipt		
Mailing Address 2401 SE Augusta Square		11 15 2013		
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.23954 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer self-employed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00			
SUBTOTAL of Receipts This Page (optional)	>	150.00		
TOTAL This Period (last page this line number	only)			

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Dr. Juan Pablo Gomez Mailing Address 113 Canary City McAllen	State Zip Code TX 78504	Date of Receipt M = M
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1400.00	200.00 contribution
Full Name (Last, First, Middle Initial) Dr. Juan Pablo Gomez Mailing Address 113 Canary City McAllen	State Zip Code TX 78504	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date 1600.00	200.00 contribution
Full Name (Last, First, Middle Initial) Dr. Juan Pablo Gomez Mailing Address 113 Canary City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1800.00	Date of Receipt 09 13 2013 Transaction ID: SA11AI.23201 Amount of Each Receipt this Period 200.00 contribution
SUBTOTAL of Receipts This Page (optional).	>	600.00
TOTAL This Period (last page this line number	er only)	7

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dr. Juan Pablo Gomez Mailing Address 113 Canary City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 10 11 2013 Transaction ID: SA11Al.23605 Amount of Each Receipt this Period 200.00 contribution
Primary General Other (specify) ▼ Full Name (Last First Middle Initial)	2000.00	
Full Name (Last, First, Middle Initial) Dr. Juan Pablo Gomez Mailing Address 113 Canary City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID: SA11AI.23955
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 200.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2200.00	contribution
Full Name (Last, First, Middle Initial) Mr. Marco Gomez Mailing Address 2705 Biltmore	State 7:- Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date ▼ 225.00	Transaction ID : SA11AI.23202 Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	425.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	he 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) Mr. Marco Gomez Mailing Address 2705 Biltmore		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date ▼ 235.00	Transaction ID : SA11AI.24194 Amount of Each Receipt this Period 10.00 contribution
Full Name (Last, First, Middle Initial) Dr. Marissa Gomez-Martinez Mailing Address 1203 Esther City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 11 15 2013 Transaction ID: SA11AI.23957 Amount of Each Receipt this Period 20.00 contribution
Other (specify) Full Name (Last, First, Middle Initial) Ms Linda P. Gonzales Mailing Address 204 Oregano City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78541 C Occupation private investor Aggregate Year-to-Date ▼ 225.00	Date of Receipt M M J D D J 2013 Transaction ID : SA11AI.23204 Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	55.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the		son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Ms Linda P. Gonzales Mailing Address 204 Oregano City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78541 C Occupation private investor Aggregate Year-to-Date ▼ 250.00	Date of Receipt 10 11 2013 Transaction ID: SA11Al.23608 Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Ms Linda P. Gonzales Mailing Address 204 Oregano City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78541 C Occupation private investor Aggregate Year-to-Date ▼ 275.00	Date of Receipt 11 15 2013 Transaction ID: SA11AI.23958 Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Mr. Michael Gonzales Mailing Address 204 Valenca City Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation private investor Aggregate Year-to-Date ▼	Date of Receipt 09 13 2013 Transaction ID: SA11Al.23205 Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	75.00
TOTAL This Period (last page this line number of	only)	

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	ng the name and address of any political committee	
BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Mr. Michael Gonzales Mailing Address 204 Valenca		Date of Receipt
	01.1. 7. 0.1	10 11 2013
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.23609
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Michael Gonzales		Date of Receipt
Mailing Address 204 Valenca		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	11 15 2013 Transaction ID : SA11AI.23959
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address P.O. Box 9817		07 15 _ 2013 _
City alamo	State Zip Code TX 78516	Transaction ID : SA11AI.22573 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	525.00	
SUBTOTAL of Receipts This Page (option	al)	125.00
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TOTAL This Period (last page this line nul	mber only)	

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or for commercial purposes, other than using t	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) Ada Gonzalez Mailing Address P.O. Box 9817		Date of Receipt
City alamo	State Zip Code TX 78516	08 09 2013 Transaction ID : SA11AI.22885 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Ada Gonzalez Mailing Address P.O. Box 9817	000.00	Date of Receipt 09 13 2013
City alamo FEC ID number of contributing federal political committee.	State Zip Code TX 78516	Transaction ID : SA11AI.23206 Amount of Each Receipt this Period 75.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 675.00	- contribution -
Full Name (Last, First, Middle Initial) Ada Gonzalez Mailing Address P.O. Box 9817 City	State Zip Code	Date of Receipt 10 11 2013 Transaction ID: SA11Al.23610
alamo FEC ID number of contributing federal political committee.	TX 78516	Amount of Each Receipt this Period 75.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 750.00	- contribution
SUBTOTAL of Receipts This Page (optional).	•	225.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne 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) Ada Gonzalez Mailing Address P.O. Box 9817		Date of Receipt
City	State Zip Code TX 78516	11 15 2013 Transaction ID : SA11AI.23960 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	75.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 825.00	
Full Name (Last, First, Middle Initial) Ms Aida Gonzalez Mailing Address 311 E. Davis City	State Zip Code	Date of Receipt 11 15 2013
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Transaction ID : SA11AI.23961 Amount of Each Receipt this Period 20.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 220.00	contribution
Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive City	State Zip Code	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22575
mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 350.00	. contribution
SUBTOTAL of Receipts This Page (optional)		145.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Alfredo Gonzalez Mailing Address 2305 Monaco Drive		Date of Receipt
City mission FEC ID number of contributing	State Zip Code TX 78574	08 09 2013 Transaction ID : SA11AI.22887 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed Receipt For:	Occupation physician	50.00 contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive		Date of Receipt 09 13 2013
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.23208 Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	Aggregate Teal-to-Date • 450.00	
Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive		Date of Receipt 10 11 2013
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.23612 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	- Contribution
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	r only)	

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⁾ BORDER HEALTH FEDERAL		
	. FAC	
Full Name (Last, First, Middle Initial) Alfredo Gonzalez		Date of Receipt
Mailing Address 2305 Monaco Drive		1,1 1,5 2013 L
City	State Zip Code	Transaction ID : SA11AI.23962
mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	Aggregate real-to-Date ¥	
Other (specify)	550.00	
Full Name (Last, First, Middle Initial) Dr. Esteban Gonzalez		Date of Receipt
Mailing Address 2210 Monaco Drive		07 15 2013 _
City	State Zip Code	Transaction ID : SA11AI.22576
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)		
Dr. Esteban Gonzalez		Date of Receipt
Mailing Address 2210 Monaco Drive		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.22888
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	·····	150.00

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or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial) Dr. Esteban Gonzalez Mailing Address 2210 Monaco Drive	r. Esteban Gonzalez				
City Mission FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78574 C Occupation	Transaction ID : SA11AI.23209 Amount of Each Receipt this Period 50.00 contribution			
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 450.00	-			
Full Name (Last, First, Middle Initial) Dr. Esteban Gonzalez Mailing Address 2210 Monaco Drive	Date of Receipt 10 11 2013				
City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574 C	Transaction ID : SA11AI.23613 Amount of Each Receipt this Period 50.00			
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	- contribution -			
Full Name (Last, First, Middle Initial) Dr. Esteban Gonzalez Mailing Address 2210 Monaco Drive City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID: SA11Al.23963			
Mission FEC ID number of contributing federal political committee. Name of Employer	TX 78574 C Occupation	Amount of Each Receipt this Period 50.00 contribution			
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 550.00	-			
SUBTOTAL of Receipts This Page (optional)		150.00			
TOTAL This Period (last page this line number	r only)				

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or for commercial purposes, other than using th	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago	Date of Receipt 07 15 2013	
City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78539 C Occupation private investor	Transaction ID : SA11AI.22577 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.22889 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2000.00	- contribution
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago City	State Zip Code	Date of Receipt 09 13 2013 Transaction ID: SA11Al.23210
edinburg FEC ID number of contributing federal political committee. Name of Employer	TX 78539	Amount of Each Receipt this Period 250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago	Date of Receipt	
City edinburg FEC ID number of contributing	State Zip Code TX 78539	Transaction ID : SA11AI.23614 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	250.00 - contribution
selfemployed Receipt For: Primary General Other (specify) ▼	Private investor Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.23964 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For:	Occupation private investor Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood		Date of Receipt 07 15 2013
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.22578 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional).	•	750.00
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood	Date of Receipt	
City weslaco	State Zip Code TX 78596	08 09 2013 Transaction ID : SA11AI.22890 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) 3. Juan Gonzalez-Dickson Mailing Address 1501 Meadwood		Date of Receipt
City weslaco	State Zip Code TX 78596	09 13 2013 Transaction ID : SA11AI.23211 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson		Date of Receipt
Mailing Address 1501 Meadwood	Chata	M = M / D = D / Y = Y = Y = Y = 10 11 2013
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.23616 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	_ contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood		Date of Receipt
City weslaco	State Zip Code TX 78596	11 15 2013 Transaction ID : SA11AI.23966 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road		Date of Receipt
City mission	State Zip Code TX 78574	7 15 2013 Transaction ID : SA11AI.22579 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Verley Gordon		Date of Receipt
Mailing Address 1700 E. Mile 3 Road		08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.22891 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

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	nd Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	•	
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road	Date of Receipt	
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.23212 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	contribution
Full Name (Last, First, Middle Initial) 3. Verley Gordon Mailing Address 1700 E. Mile 3 Road		Date of Receipt
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.23617 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	- contribution
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road City mission FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78574 C Occupation	Date of Receipt 11 15 2013 Transaction ID : SA11AI.23967 Amount of Each Receipt this Period 250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2750.00	
SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line num	ber only)	7

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

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive		Date of Receipt
City	State Zip Code	07 15 2013 Transaction ID : SA11AI.22580
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	
Full Name (Last, First, Middle Initial) Brique Griego Mailing Address 905 Inspiratin Drive		Date of Receipt
Mailing Address 905 Inspiratin Drive City pharr	08 09 2013 Transaction ID : SA11Al.22892 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	400.00 contribution
Name of Employer selfemployed	Occupation physician	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial) Enrique Griego		Date of Receipt
Mailing Address 905 Inspiratin Drive		09 13 2013
City pharr	State Zip Code TX 78577	Transaction ID : SA11AI.23213 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	only)	

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	FOR LINE NUMBER:					PAGE	: 1	65 OF	479	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive		Date of Receipt
<u> </u>		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23618
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	4000.00	
Full Name (Last, First, Middle Initial) Enrique Griego		Date of Receipt
Mailing Address 905 Inspiratin Drive		11 15 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.23968
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	
Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo		Date of Receipt
Mailing Address 2603 Santa Laura		07 152013
City	State Zip Code	7 15 2013 Transaction ID : SA11Al.22581
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (option	nal)	850.00
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TOTAL This Period (last page this line nu	mber only)	

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	he name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo Mailing Address 2603 Santa Laura		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Mission	State Zip Code TX 78572	08 09 2013 Transaction ID : SA11AI.22893 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00 contribution			
Name of Employer self-employee Receipt For:	Occupation physician	- CONTRIBUTION			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				
Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo Mailing Address 2603 Santa Laura		Date of Receipt			
City Mission	State Zip Code TX 78572	7 Transaction ID : SA11AI.23214 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer self-employee Receipt For:	Occupation physician	- contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00				
Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo		Date of Receipt			
Mailing Address 2603 Santa Laura	Chata 7' C '	10 11 2013			
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.23619 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	_ contribution			
SUBTOTAL of Receipts This Page (optional)		150.00			
TOTAL This Period (last page this line numbe	r only)				

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo Mailing Address 2603 Santa Laura		Date of Receipt
	000	11 15 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.23969
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) Daniel Guerra	·	Date of Receipt
Mailing Address 101 S. Broadway		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	07 15 2013 Transaction ID : SA11Al.22582
Mcallen Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	Occupation physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) C. Daniel Guerra	·	Date of Receipt
Mailing Address 101 S. Broadway		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.22894
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2900.00	
SUBTOTAL of Receipts This Page (optional))	850.00
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TOTAL This Period (last page this line numb	ber only)	

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

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL					
Full Name (Last, First, Middle Initial) Daniel Guerra Mailing Address 101 S. Broadway		Date of Receipt M = M / D = D / Y = Y = Y = Y Y = Y = Y Y = Y = Y Y			
City Mcallen FEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.23215 Amount of Each Receipt this Period 400.00			
federal political committee. Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00				
Full Name (Last, First, Middle Initial) Daniel Guerra Mailing Address 101 S. Broadway		Date of Receipt 10 11 2013			
City Mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.23620 Amount of Each Receipt this Period 400.00			
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution			
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	3700.00				
Mailing Address 101 S. Broadway		Date of Receipt 11 15 2013			
City Mcallen FEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.23970 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee. Name of Employer	Occupation	400.00 contribution			
self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 4100.00				
SUBTOTAL of Receipts This Page (optional)	>	1200.00			
TOTAL This Period (last page this line number	r only)				

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

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	he name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive		Date of Receipt			
City	State Zip Code TX 78541	07 15 2013 Transaction ID : SA11AI.22585 Amount of Each Receipt this Period			
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00				
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code TX 78541	Transaction ID : SA11AI.22896 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00				
Full Name (Last, First, Middle Initial) Marcy Guerra		Date of Receipt			
Mailing Address 13337 Borolo Drive	0	09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.23218 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	contribution			
SUBTOTAL of Receipts This Page (optional)		750.00			
TOTAL This Period (last page this line number	r only)				

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive		Date of Receipt
City edinburg	State Zip Code TX 78541	10 11 2013 Transaction ID : SA11AI.23622 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive		Date of Receipt 11 15 2013
City edinburg FEC ID number of contributing	State Zip Code TX 78541	Transaction ID : SA11AI.23972 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00	contribution
Full Name (Last, First, Middle Initial) Dr. Sarada Gummadi Mailing Address 4404 Santa Fabiola		Date of Receipt 09 13 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.23219 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 contribution
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)	>	525.00
TOTAL This Period (last page this line number	r only)	

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	the name and address of any political committee	
BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Sarada Gummadi		Date of Receipt
Mailing Address 4404 Santa Fabiola		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23623
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Sarada Gummadi		Date of Receipt
Mailing Address 4404 Santa Fabiola		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.23973
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 6020 Wisconsin		07 15 2013
City	State Zip Code	7 15 2013 Transaction ID : SA11AI.22587
edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing	C	250.00
federal political committee. Name of Employer	Occupation	contribution
	'	
selfemployed Receipt For:	physician	\dashv
Primary General	Aggregate Year-to-Date ▼	.
Other (specify) ▼	1750.00	
SUBTOTAL of Receipts This Page (optional)		300.00
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Alberto Gutierrez Mailing Address 6020 Wisconsin		Date of Receipt
City	State Zip Code TX 78539	08 09 2013 Transaction ID : SA11AI.22898 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City edinburg FEC ID number of contributing	State Zip Code TX 78539	Transaction ID : SA11AI.23220 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin		Date of Receipt 10 11 2013
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.23624 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	. contribution
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	750.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin		Date of Receipt
City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78539 C Occupation physician	Transaction ID : SA11AI.23974 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) 3. Marco Gutierrez Mailing Address 511 N. Depot Road		Date of Receipt 07 15 2013
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78541	Transaction ID : SA11AI.22588 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2800.00	- contribution
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road		Date of Receipt 08 09 _ 2013 _
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78541	Transaction ID : SA11AI.22899 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3200.00	contribution
SUBTOTAL of Receipts This Page (optional))	1050.00
TOTAL This Period (last page this line number	per only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road		Date of Receipt
City edinburg	State Zip Code TX 78541	09 13 2013 Transaction ID : SA11Al.23221 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00 contribution
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road	•	Date of Receipt
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.23625 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer selfemployed Receipt For:	Occupation physician	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) . Marco Gutierrez	•	Date of Receipt
Mailing Address 511 N. Depot Road	7. 6.	11 15 2013
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.23975 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	_ contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4400.00	
SUBTOTAL of Receipts This Page (optional).		1200.00
TOTAL This Period (last page this line number	er only)	

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Name of Employer Selfemployed Receipt For: Primary	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	TO TOTAL COMMISSION FOR COMMISSION COMMISSION
Receipt For: Primary General Other (specify) ▼ 1750.00 Full Name (Last, First, Middle Initial) 3. Miguel Gutierrez Mailing Address 224 Lindberg Occupation physician Receipt For: Primary General Other (specify) ▼ 2013 Occupation Pull Name (Last, First, Middle Initial) 3. Miguel Gutierrez Occupation Receipt For: Primary General Other (specify) ▼ Occupation City State Zip Code Tx 78501 Receipt For: Qeneral Other (specify) ▼ Occupation Date of Receipt this Period Occupation Pull Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Full Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Middle Initial) Other (specify) ▼ Occupation Fill Name (Last, First, Mi	Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	07 15 2013 Transaction ID : SA11AI.22589 Amount of Each Receipt this Period 250.00
Milling Address 224 Lindberg City State Zip Code TX 78501 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Physician Receipt For: Aggregate Year-to-Date ▼ City State Zip Code TX 78501 Amount of Each Receipt this Period Contribution Contribution Contribution Contribution Date of Receipt Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11Al.22900 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11Al.23202 Amount of Each Receipt Date of Receipt D	Receipt For: Primary General	Aggregate Year-to-Date ▼ 1750.00	
Transaction ID : SA11Al.22900 mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Page 10 number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City Mailing Address 224 Lindberg City Mailing Address 224 Lindberg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Occupation physician Aggregate Year-to-Date ▼ Countribution Transaction ID : SA11Al.22900 Amount of Each Receipt this Period Date of Receipt Transaction ID : SA11Al.23900 Amount of Each Receipt this Period Contribution	3. Miguel Gutierrez		M = M / D = D / Y = Y = Y
Name of Employer selfemployed physician Receipt For: Primary General Other (specify) ▼ 2000.00 Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City State Zip Code TX 78501 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Receipt For: Primary General Other (specify) ▼ 2250.00 Contribution Contribution Date of Receipt May 13 2013 Transaction ID: SA11Al.23222 Amount of Each Receipt this Period contribution Contribution	mcallen FEC ID number of contributing	TX 78501	Transaction ID : SA11AI.22900
Mailing Address 224 Lindberg City	Name of Employer selfemployed Receipt For: Primary General	physician Aggregate Year-to-Date ▼	contribution
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00	Miguel Gutierrez Mailing Address 224 Lindberg City mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78501 C Occupation	09 13 2013 Transaction ID : SA11AI.23222 Amount of Each Receipt this Period 250.00
SUPTOTAL of Receipts This Page (antional)	Receipt For: Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	750.00

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

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	DAC	to solicit contributions from such committee.
BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Miguel Gutierrez		Date of Receipt
Mailing Address 224 Lindberg		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23626
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) . Miguel Gutierrez		Date of Receipt
Mailing Address 224 Lindberg		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.23976
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
	Occupation	contribution
Name of Employer selfemployed	Occupation	
Receipt For:	physician	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 2308 Highway 83 suite f		Date of Receipt
ZSUO HIGHWAY 83 SUITE I		07 15 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.22590
Penitas	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
F	Occupation	contribution
Name of Employer	Occupation	
Name of Employer self-employee	Occupation physician	
Name of Employer self-employee Receipt For:	· ·	
Name of Employer self-employee	physician	
Name of Employer self-employee Receipt For: Primary General	physician Aggregate Year-to-Date ▼ 350.00	550.00

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	ing the name and address of any political committee t	
BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Edwardo Guzman		Date of Receipt
Mailing Address 2308 Highway 83 suite f		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.22901
Penitas	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. Edwardo Guzman		Date of Receipt
Mailing Address 2308 Highway 83 suite f		09 13 _2013 _
City	State Zip Code	Transaction ID : SA11Al.23224
Penitas	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)		
Dr. Edwardo Guzman		Date of Receipt
Mailing Address 2308 Highway 83 suite f		10 11 2013
City Penitas	State Zip Code TX 78573	Transaction ID : SA11AI.23627 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	55 5	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	al)	150.00
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TOTAL This Period (last page this line nur	mber only)	

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	ne name and address of any political committee	to solicit contributions from such committee.		
Full Name (Last, First, Middle Initial)	FAU	Date of Date in		
Dr. Edwardo Guzman Mailing Address 2308 Highway 83 suite f		Date of Receipt 11 15 2013		
City Penitas	State Zip Code TX 78573	Transaction ID : SA11AI.23977		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00		
Name of Employer self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 550.00	contribution		
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South		Date of Receipt		
City mcallen	State Zip Code TX 78503	07 15 2013 Transaction ID : SA11Al.22591 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. Name of Employer selfemployed	Occupation physician	400.00 contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00			
Full Name (Last, First, Middle Initial) Victor Haddad		Date of Receipt		
Mailing Address 4008 Burns Drive South City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	08 09 2013 Transaction ID : SA11AI.22902 Amount of Each Receipt this Period 400.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00			
SUBTOTAL of Receipts This Page (optional)		850.00		
TOTAL This Period (last page this line numbe	<u>`</u>			

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South		Date of Receipt
City mcallen	State Zip Code TX 78503	09 13 2013 Transaction ID : SA11AI.23225 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South		Date of Receipt 10 11 2013
City mcallen	State Zip Code TX 78503	Transaction ID : SA11Al.23628 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) Cictor Haddad		Date of Receipt
Mailing Address 4008 Burns Drive South		11 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.23978 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 4400.00	- contribution
SUBTOTAL of Receipts This Page (optional)	•	1200.00
TOTAL This Period (last page this line number	r only)	

	the name and address of any political committee t	
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 525.00	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22592 Amount of Each Receipt this Period 75.00 contribution
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt 08 09 2013 Transaction ID: SA11AI.22903 Amount of Each Receipt this Period 75.00 contribution
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 675.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number	<u>^</u>	225.00

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J	Chate	Date of Receipt 10 11 2013
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Transaction ID : SA11AI.23629 Amount of Each Receipt this Period 75.00 contribution
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 825.00	Date of Receipt 11 15 2013 Transaction ID: SA11AI.23979 Amount of Each Receipt this Period 75.00 contribution
Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 350.00	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22593 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional).	>	200.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.22904
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	Aggregate Teal-to-Date ¥	
Full Name (Last, First, Middle Initial) Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23630
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.23980
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using the	ne 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) Mr. Blake Hensler Mailing Address 3414 Pricess Street City	State Zip Code	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23631
Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) This is a self-employed in the self-employed in	TX 78539 C Occupation private investor Aggregate Year-to-Date ▼ 225.00	Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Mr. Blake Hensler Mailing Address 3414 Pricess Street City Edinburg	State Zip Code TX 78539	Date of Receipt 11 15 2013 Transaction ID: SA11Al.23981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other	Occupation private investor Aggregate Year-to-Date 250.00	Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Ms Monica Hensler Mailing Address 3414 Princess Street City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date ▼ 225.00	Date of Receipt 13 2013 Transaction ID: SA11Al.23229 Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	75.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using the	ne 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) Ms Monica Hensler Mailing Address 3414 Princess Street City Ediphura	State Zip Code TX 78539	Date of Receipt 10 11 2013 Transaction ID: SA11Al.23632
Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other	Occupation private investor Aggregate Year-to-Date 250.00	Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Ms Monica Hensler Mailing Address 3414 Princess Street City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID : SA11AI.23982
Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	TX 78539 C Occupation private investor Aggregate Year-to-Date ▼ 275.00	Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) General	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22596 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	r only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana		Date of Receipt
		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.22907
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana		Date of Receipt
		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23230
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) C. Ambrosio Hernandez		Date of Receipt
Mailing Address 2000 Dana		10 11 2013
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.23633 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	ne 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) Ambrosio Hernandez Mailing Address 2000 Dana		Date of Receipt
City Pharr	State Zip Code TX 78577	11 15 2013 Transaction ID : SA11AI.23983 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00	contribution
Full Name (Last, First, Middle Initial) Ms Lisa Maria Hernandez Mailing Address 3823 Inez City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID: SA11AL 23984
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 20.00
Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 220.00	contribution
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing	State Zip Code TX 78503	Date of Receipt 07 15 2013 Transaction ID : SA11AI.22598 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1750.00	contribution
SUBTOTAL of Receipts This Page (optional)	·····	520.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using t	he 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) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D / 2013 Transaction ID : SA11Al.22909 Amount of Each Receipt this Period 250.00 contribution
Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23635 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	er only)	

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	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 2750.00	Date of Receipt 11
Mailing Address 301 Bryan Nelson City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23636 Amount of Each Receipt this Period 150.00 contribution
Full Name (Last, First, Middle Initial) Dr. Miguel Hernandez Mailing Address 301 Bryan Nelson City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt 11
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) A. Maria Hoffman		Date of Receipt
Mailing Address 802 Inspiration Road		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22599
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial) Maria Hoffman		Date of Receipt
Mailing Address 802 Inspiration Road		M = M / D = D / Y = Y = Y
City	State Zip Code	08 09 2013
pharr	TX 78577	Transaction ID : SA11AI.22910
·	10011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) C. Maria Hoffman	'	Date of Receipt
Mailing Address 802 Inspiration Road		09 13 2013
City	State Zip Code	Transaction ID : SA11Al.23233
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road		Date of Receipt
City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Transaction ID : SA11AI.23637 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road City pharr FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Date of Receipt 11 15 2013 Transaction ID: SA11AI.23987 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00	- contribution
Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia Mailing Address 5600 North Cynthia City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt 07
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 350.00	contribution
SUBTOTAL of Receipts This Page (optional) >	550.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia Mailing Address 5600 North Cynthia		Date of Receipt
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Transaction ID : SA11AI.22911 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia Mailing Address 5600 North Cynthia City	State Zip Code	Date of Receipt 09 13 2013 Transaction ID : SA11AI.23234
McAllen FEC ID number of contributing federal political committee. Name of Employer	C Occupation	Amount of Each Receipt this Period 50.00 contribution
self-employee Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia Mailing Address 5600 North Cynthia City McAllen	State Zip Code TX 78504	Date of Receipt 10 11 2013 Transaction ID : SA11AI.23638
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: □ Primary □ General □ Other (specify) ▼	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional))	150.00
TOTAL This Period (last page this line number	per only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia Mailing Address 5600 North Cynthia		Date of Receipt
City	State Zip Code	11 15 2013 Transaction ID : SA11AI.23988
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 550.00	
	350.00	
Full Name (Last, First, Middle Initial) 3. Vincent Honrubia		Date of Receipt
Mailing Address 204 Rio Grande		07 15 2013
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.22601 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) C. Vincent Honrubia		Date of Receipt
Mailing Address 204 Rio Grande		M = M / D = D / Y = Y = Y
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.22912 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_ contribution
selfemployed	physician	-
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	550.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande		Date of Receipt
City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Transaction ID : SA11AI.23235 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande	Chale Tip Code	Date of Receipt 10 11 2013
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.23639 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	- contribution
Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID : SA11AI.23989
mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 2750.00	Amount of Each Receipt this Period 250.00 contribution
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	TE TENSE CONTINUES NOT GOOD COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Syed Husain Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22602 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Syed Husain Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 800.00	Date of Receipt 08 09 2013 Transaction ID : SA11AI.22913 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Syed Husain Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 900.00	Date of Receipt 99 13 2013 Transaction ID : SA11AI.23236 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)	· •	300.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Dr. Syed Husain Mailing Address 7020 N. 1st		Date of Receipt
City	State Zip Code	10 11 2013 Transaction ID : SA11AI.23640
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Syed Husain Mailing Address 7020 N. 1st		Date of Receipt
City	State Zip Code TX 78504	11 15 2013 Transaction ID : SA11Al.23990
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Norma Iglesias		Date of Receipt
Mailing Address 712 S. Cage		07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.22603 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) A. Dr. Norma Iglesias		Date of Receipt
Mailing Address 712 S. Cage		08 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.22914
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	3200.00	
Full Name (Last, First, Middle Initial) 3. Dr. Norma Iglesias		Date of Receipt
Mailing Address 712 S. Cage		00 13 2013
City	State Zip Code	09 13 2013 Transaction ID : SA11Al.23237
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing		S. Laon nocept tills I endu
federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3600.00	
Full Name (Last, First, Middle Initial) Dr. Norma Iglesias	'	Date of Receipt
Mailing Address 712 S. Cage		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23641
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	4000.00	
SUBTOTAL of Receipts This Page (options	al)	1200.00
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14 13 15 16 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) Dr. Norma Iglesias Date of Receipt Mailing Address 712 S. Cage 2013 11 15 City State Zip Code Transaction ID: SA11AI.23991 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 4400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jose E. Igoa Date of Receipt Mailing Address 3716 S 'J' Street 07 15 2013 City State Zip Code Transaction ID: SA11AI.22604 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jose E. Igoa

Date of Receipt Mailing Address 3716 S 'J' Street 09 80 2013 City Zip Code State Transaction ID: SA11AI.22915 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify)

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) A. Dr. Jose E. Igoa Mailing Address 3716 S 'J' Street City McAllen	State Zip Code TX 78503	Date of Receipt 09 13 2013 Transaction ID: SA11AI.23238 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 875.00	125.00 contribution
Full Name (Last, First, Middle Initial) Dr. Jose E. Igoa Mailing Address 3716 S 'J' Street City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Date of Receipt 10 11 2013 Transaction ID : SA11Al.23642 Amount of Each Receipt this Period 125.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution
Full Name (Last, First, Middle Initial) Dr. Jose E. Igoa Mailing Address 3716 S 'J' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78503 C Occupation physician	Date of Receipt 11
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 1125.00	375.00
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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 FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Ms Marina Jacobson Mailing Address 1505 Doherty		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation private investor Aggregate Year-to-Date ▼ 225.00	Transaction ID : SA11AI.23239 Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Ms Marina Jacobson Mailing Address 1505 Doherty City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23644 Amount of Each Receipt this Period 25.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 250.00	contribution
Full Name (Last, First, Middle Initial) Ms Marina Jacobson Mailing Address 1505 Doherty City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78572 C Occupation private investor Aggregate Year-to-Date ▼ 275.00	Date of Receipt 11 15 2013 Transaction ID : SA11Al.23994 Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC	
A. Dr. Danielle Jinenez-Flores Mailing Address 4212 Lebanon		Date of Receipt 07 15 2013
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.22606 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) B. Dr. Danielle Jinenez-Flores	<u>'</u>	Date of Receipt
Mailing Address 4212 Lebanon		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.23098
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	

600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Danielle Jinenez-Flores Date of Receipt Mailing Address 4212 Lebanon 09 13 2013 City State Zip Code Transaction ID: SA11AI.23240 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify)

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Danielle Jinenez-Flores Mailing Address 4212 Lebanon City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 1100.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23646 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dr. Danielle Jinenez-Flores Mailing Address 4212 Lebanon City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78539 C Occupation physician	Date of Receipt 11 15 2013 Transaction ID : SA11AI.23996 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	
Full Name (Last, First, Middle Initial) Dr. Belinda Jordan Mailing Address 2621 Trenton City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22607 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	550.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Dr. Belinda Jordan Mailing Address 2621 Trenton		Date of Receipt
City	State Zip Code	08 09 2013 Transaction ID : SA11AI.22918
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer self-employed Receipt For:	Occupation physician	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Belinda Jordan Mailing Address 2621 Trenton		Date of Receipt
City	State Zip Code TX 78539	09 13 2013 Transaction ID : SA11AI.23241
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 50.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. Belinda Jordan		Date of Receipt
Mailing Address 2621 Trenton		10 11 2013
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.23647 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		150.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Belinda Jordan Mailing Address 2621 Trenton		Date of Receipt 11 15 2013
City	State Zip Code	Transaction ID : SA11AI.23997
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) 3. Donna Joule		Date of Receipt
Mailing Address 708 S H Street		M = M / D = D / Y = Y = Y
City	State Zip Code	09 13 2013 Transaction ID : SA11AI 23242
mcallen	TX 78501	Transaction ID : SA11AI.23242 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Donna Joule		Date of Receipt
Mailing Address 708 S H Street		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23648
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (ontional)		100.00
TOTAL This Period (last page this line numb	er only)	

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Donna Joule Mailing Address 708 S H Street		Date of Receipt
City mcallen	State Zip Code TX 78501	11 15 2013 Transaction ID : SA11AI.23998 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street		Date of Receipt
City mcAllen	State Zip Code TX 78504	07 15 2013 Transaction ID : SA11AI.22609 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	contributon
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Nelson Kalaf		Date of Receipt
Mailing Address 5401 N. 8th Street		08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcAllen	State Zip Code TX 78504	Transaction ID : SA11AI.22920 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	- contributon
SUBTOTAL of Receipts This Page (optional)		525.00
TOTAL This Period (last page this line number	er only)	

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street		Date of Receipt
City mcAllen	State Zip Code TX 78504	09 13 2013 Transaction ID : SA11Al.23243 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contributon
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	Contributori
Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street		Date of Receipt M M M / D D D / Y D D Y D D D D D D D D D D D
City mcAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.23649 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	- contributon
Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street City	State Zip Code	Date of Receipt 11 15 2013
mcAllen FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.23999 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00	- contributon
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	er only)	

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Gauri Kanhere Mailing Address 2548 Palm Circle		Date of Receipt
City	State Zip Code	07 15 2013 Transaction ID : SA11Al.22610
rio grande city	TX 78582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle		Date of Receipt
City	State Zip Code	08 09 2013
rio grande city	TX 78582	Transaction ID : SA11AI.22921 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Cauri Kanhere		Date of Receipt
Mailing Address 2548 Palm Circle		09 13 2013
City rio grande city	State Zip Code TX 78582	Transaction ID : SA11AI.23244 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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EMIZED RECEIPTS	for each category of the Detailed Summary Page	(11a 13	one) 11b 14	11	c [-	12 16		17
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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) Gauri Kanhere Date of Receipt Mailing Address 2548 Palm Circle 10 2013 City State Zip Code Transaction ID: SA11AI.23650 TX 78582 rio grande city Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gauri Kanhere Date of Receipt Mailing Address 2548 Palm Circle 11 15 2013 City State Zip Code Transaction ID: SA11AI.24000 TX rio grande city 78582 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Adolfo Kaplan Date of Receipt Mailing Address 7902 N. 2th Street M M / 07 15 2013 Zip Code City State Transaction ID: SA11AI.22611 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

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

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC						
Full Name (Last, First, Middle Initial) Dr. Adolfo Kaplan Mailing Address 7902 N. 2th Street		Date of Receipt					
City	State Zip Code	08 09 2013 Transaction ID : SA11AI.22922					
McAllen FEC ID number of contributing	TX 78504	Amount of Each Receipt this Period					
federal political committee.	C	200.00 contribution					
Name of Employer self-employed Receipt For:	Occupation physician						
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00						
Full Name (Last, First, Middle Initial) 3. Dr. Adolfo Kaplan Mailing Address, 7002 N. 2th Street	Date of Receipt						
Mailing Address 7902 N. 2th Street City	09 20 2013 Transaction ID : SA11AI.23245						
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 200.00					
Name of Employer self-employed	Occupation physician	contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00						
Full Name (Last, First, Middle Initial) Dr. Adolfo Kaplan		Date of Receipt					
Mailing Address 7902 N. 2th Street		10 11 2013					
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23651 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	200.00					
Name of Employer self-employed	Occupation physician	contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00						
SUBTOTAL of Receipts This Page (optional)		600.00					
TOTAL This Period (last page this line number	only)						

14 13 15 16 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) Dr. Adolfo Kaplan Date of Receipt Mailing Address 7902 N. 2th Street 15 2013 11 City State Zip Code Transaction ID: SA11AI.24001 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Kambiz Khademi Date of Receipt Mailing Address P.O.Box 3422 07 15 2013 City State Zip Code Transaction ID: SA11AI.22612 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Kambiz Khademi Date of Receipt Mailing Address P.O.Box 3422

09 80 2013 City Zip Code State Transaction ID: SA11AI.22923 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify)

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

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EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	ck only 11a 13		e) 11b 14		11c 15	\vdash	12 16		17
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A 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) Mr. Kambiz Khademi Date of Receipt Mailing Address P.O.Box 3422 2013 13 City State Zip Code Transaction ID: SA11AI.23246 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Kambiz Khademi Date of Receipt Mailing Address P.O.Box 3422 10 11 2013 City State Zip Code Transaction ID: SA11AI.23652 McAllen TX 78502 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Kambiz Khademi Date of Receipt Mailing Address P.O.Box 3422 M M / 11 15 2013 Zip Code City State Transaction ID: SA11AI.24002 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Salman Muhammad Khan Mailing Address 3435 MacQuarie Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt 07
Full Name (Last, First, Middle Initial) Dr. Salman Muhammad Khan Mailing Address 3435 MacQuarie Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78539 C Occupation physician	Date of Receipt 08 09 2013 Transaction ID : SA11Al.22924 Amount of Each Receipt this Period 50.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Salman Muhammad Khan Mailing Address 3435 MacQuarie Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt 09 13 2013 Transaction ID: SA11AI.23247 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line numbe	r only)	

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	statements may not be sold or used by any persolenness and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Salman Muhammad Khan Mailing Address 3435 MacQuarie Drive		Date of Receipt 10 11 2013
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.23653 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Salman Muhammad Khan Mailing Address 3435 MacQuarie Drive		Date of Receipt
City Edinburg	State Zip Code TX 78539	11 15 2013 Transaction ID : SA11AI.24003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	· · · · · · · · · · · · · · · · · · ·
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) C. Gholam Kiani		Date of Receipt
Mailing Address 213 e. Xenops	State 7's Cod-	07 15 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22614 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	- CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line number	only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops		Date of Receipt
City mcallen	State Zip Code TX 78504	08 09 2013 Transaction ID : SA11AI.22925 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) 3. Gholam Kiani Mailing Address 213 e. Xenops		Date of Receipt
City mcallen	State Zip Code TX 78504	09 13 2013 Transaction ID : SA11Al.23248 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Gholam Kiani		Date of Receipt
Mailing Address 213 e. Xenops	0:	10 11 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.23654 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	_ contribution
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) A. Gholam Kiani Mailing Address 213 e. Xenops		Date of Receipt				
City mcallen	State Zip Code TX 78504	11 15 2013 Transaction ID : SA11AI.24004 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00 contribution				
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00	CONTRIBUTION				
Full Name (Last, First, Middle Initial) Mr. John Kiker Mailing Address 416 N. 17th Street		Date of Receipt 07 15 2013				
City Donna FEC ID number of contributing federal political committee.	State Zip Code TX 78537	Transaction ID : SA11AI.22615 Amount of Each Receipt this Period 50.00				
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution				
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. John Kiker Mailing Address 416 N. 17th Street City	State Zip Code	Date of Receipt 08 09 2013 Transaction ID : SA11AI.22926 Amount of Each Receipt this Period				
Donna FEC ID number of contributing federal political committee.	TX 78537					
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution				
SUBTOTAL of Receipts This Page (optional)	·····	350.00				
TOTAL This Period (last page this line number	only)					

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or for commercial purposes, other than using the	he 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) Mr. John Kiker Mailing Address 416 N. 17th Street		Date of Receipt				
City Donna	State Zip Code TX 78537	09 13 2013 Transaction ID : SA11AI.23249 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution				
Other (specify) ▼ Full Name (Last, First, Middle Initial) 3. Mr. John Kiker	450.00	Date of Receipt				
Mailing Address 416 N. 17th Street City	State Zip Code	10 11 2013 Transaction ID : SA11Al.23655				
Donna FEC ID number of contributing federal political committee.	TX 78537	Amount of Each Receipt this Period 50.00				
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Mr. John Kiker Mailing Address 416 N. 17th Street		Date of Receipt				
City Donna	State Zip Code TX 78537	11 15 2013 Transaction ID : SA11AI.24005 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00 contribution				
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00					
SUBTOTAL of Receipts This Page (optional)	>	150.00				
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	ne name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City	Date of Receipt O7 15 2013 Transaction ID : SA11AI.22616			
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1050.00	Amount of Each Receipt this Period 150.00 contribution		
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78504 C Occupation	Date of Receipt 08 09 2013 Transaction ID: SA11AI.22927 Amount of Each Receipt this Period 150.00 contribution		
Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1200.00			
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1350.00	Date of Receipt M		
SUBTOTAL of Receipts This Page (optional)	_	450.00		
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BORDER HEALTH FEDERA	AL PAC						
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz							
Mailing Address 5111 N. 10th Street		10 11 2013					
City	State Zip Code	Transaction ID : SA11AI.23656					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	Aggregate real-to-bate ¥						
Other (specify) ▼	1500.00						
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz		Date of Receipt					
Mailing Address 5111 N. 10th Street	11 15 2013 _						
City	State Zip Code	Transaction ID : SA11AI.24006					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For:							
Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	1650.00						
Full Name (Last, First, Middle Initial) Jorge Kutugata	<u>'</u>	Date of Receipt					
Mailing Address Rt 2 Box 522-K		07 15 2013					
City	State Zip Code	Transaction ID : SA11AI.22617					
weslaco	TX 78596	Amount of Each Receipt this Period					
FEC ID number of contributing							
federal political committee.	C	250.00 contribution					
Name of Employer	Occupation	Contribution					
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	1750.00						
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Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC					
Full Name (Last, First, Middle Initial) Jorge Kutugata Mailing Address Rt 2 Box 522-K		Date of Receipt				
City	State Zip Code	08 09 2013 Transaction ID : SA11Al.22928				
weslaco	TX 78596	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer	Occupation	contribution				
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2000.00					
Full Name (Last, First, Middle Initial) 3. Jorge Kutugata Mailing Address Rt 2 Box 522-K	Date of Receipt					
City weslaco	State Zip Code TX 78596	09 13 2013 Transaction ID : SA11AI.23251 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00					
Full Name (Last, First, Middle Initial) Jorge Kutugata		Date of Receipt				
Mailing Address Rt 2 Box 522-K		10 11 2013				
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.23658 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00					
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	750.00				
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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Jorge Kutugata		Date of Receipt
Mailing Address Rt 2 Box 522-K		11 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.24007
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Ramiro Leal	1	Date of Receipt
Mailing Address 601 Tulip	07 15 2013	
City	State Zip Code	Transaction ID : SA11AI.22618
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) C. Ramiro Leal		Date of Receipt
Mailing Address 601 Tulip		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.22929
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	_ contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	>	350.00
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Ramiro Leal Mailing Address 601 Tulip		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Transaction ID : SA11AI.23252 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Ramiro Leal Mailing Address 601 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78504 C Occupation physician	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23660 Amount of Each Receipt this Period 50.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ramiro Leal Mailing Address 601 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 550.00	Date of Receipt 11 15 2013 Transaction ID: SA11AI.24009 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	r only)	

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	he name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name (Last, First, Middle Initial) Dr. Raul Ledesma Mailing Address 5508 N. 1st Street		Date of Receipt			
City McAllen	State Zip Code TX 78504	07 15 2013 Transaction ID : SA11AI.22619 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer self-employed	Occupation physician	- contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00				
Full Name (Last, First, Middle Initial) 3. Dr. Raul Ledesma Mailing Address 5508 N. 1st Street		Date of Receipt			
City McAllen	State Zip Code TX 78504	08 09 2013 Transaction ID : SA11AI.22930 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	100.00			
Name of Employer self-employed	Occupation physician	- contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00				
Full Name (Last, First, Middle Initial) Dr. Raul Ledesma		Date of Receipt			
Mailing Address 5508 N. 1st Street	Chata	09 13 2013			
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23253 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 900.00	_ contribution			
SUBTOTAL of Receipts This Page (optional)	>	300.00			
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Raul Ledesma Mailing Address 5508 N. 1st Street		Date of Receipt
City McAllen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.23661 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	100.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Raul Ledesma Mailing Address 5508 N. 1st Street		Date of Receipt 11 15 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.24010 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	100.00 contribution
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Rodrigo Lema		Date of Receipt
Mailing Address 124 Canary	Stata 7in Cod-	07 15 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.22620 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 350.00	contribution
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Rodrigo Lema Mailing Address 124 Canary City McAllen	State Zip Code TX 78504	Date of Receipt 08 09 2013 Transaction ID: SA11AI.22931 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Rodrigo Lema Mailing Address 124 Canary City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 09 13 2013 Transaction ID: SA11AI.23254 Amount of Each Receipt this Period 50.00 contribution
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rick Lin Mailing Address 5112 N. 10th Street	450.00	Date of Receipt 09 13 2013
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 225.00	Transaction ID : SA11AI.23256 Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	125.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Rick Lin Mailing Address 5112 N 10th Street		Date of Receipt
Mailing Address 5112 N. 10th Street		10 11 7 2013
City	State Zip Code	Transaction ID : SA11AI.23664
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Rick Lin		Date of Receipt
Mailing Address 5112 N. 10th Street		11 15 2013 _
City	State Zip Code	Transaction ID : SA11Al.24013
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		
Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) C. Dr. Enrique Linan		Date of Receipt
Mailing Address 3003 Santo Olivia		09 13 2013
City	State Zip Code	Transaction ID : SA11Al.23257
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employee	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	225.00	
Other (specify) ▼	223.00	
SUBTOTAL of Receipts This Page (optional	al)	75.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Enrique Linan Mailing Address 3003 Santo Olivia		Date of Receipt 10 11 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.23665 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	contribution
Full Name (Last, First, Middle Initial) 3. Dr. Enrique Linan		Date of Receipt
Mailing Address 3003 Santo Olivia		Date of Receipt 11 15 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.24014 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer self-employee Receipt For:	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Dale Linebarger		Date of Receipt
Mailing Address 901 West 9th Street #405		07
City austin	State Zip Code TX 78703	Transaction ID : SA11AI.22624 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	
SUBTOTAL of Receipts This Page (optional)		450.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Street Middle Initial)	State Zip Code TX 78703 C Occupation private investor Aggregate Year-to-Date ▼ 3200.00	Date of Receipt 08 09 2013 Transaction ID: SA11AI.22935 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78703 C Occupation private investor Aggregate Year-to-Date ▼ 3600.00	Date of Receipt 09 13 2013 Transaction ID : SA11AI.23258 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78703 C Occupation private investor Aggregate Year-to-Date ▼ 4000.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23666 Amount of Each Receipt this Period 400.00 contribution
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Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Linette Linsangan Mailing Address 105 E. Yellowhammer City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Advo.00 Date of Receipt Date of Receipt TX 78504 Transaction ID: SA11AI.22625 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11AI.22625 Amount of Each Receipt this Period Contribution FULL Name (Last, First, Middle Initial) Dr. Linette Linsangan Mailing Address 105 E. Yellowhammer City State Zip Code TX 78504 Date of Receipt Tono.contribution	or for commercial purposes, other than using	the name and address of any political committee	
Mailing Address 105 E. Yellowhammer City State Zip Code TX 78703 Fecil Name (Last, First, Middle Initial) City State Zip Code TX 78504 Fecil Number of contributing federal political committee. City State Zip Code TX 78504 Fecil Name (Last, First, Middle Initial) City State Zip Code TX 78504 Fecil Number of contributing federal political committee. City State Zip Code TX 78504 Fecil Number of contributing federal political committee. City State Zip Code TX 78504 Fecil Number of contributing federal political committee. City State Zip Code TX 78504 Fecil Number of contributing federal political committee. City State Zip Code TX 78504 Fecil Number of contributing federal political committee. City State Zip Code TX 78504 Full Name (Last, First, Middle Initial) City State Zip Code TX 700,00 Full Name (Last, First, Middle Initial) City State Zip Code TX 700,00 Full Name (Last, First, Middle Initial) City State Zip Code TX 700,00 Full Name (Last, First, Middle Initial) City State Zip Code TX 700,00 Full Name (Last, First, Middle Initial) City State Zip Code TX 78504 Fec ID number of contributing federal political committee. City State Zip Code TX 78504 Fec ID number of contributing federal political committee. City State Zip Code TX 78504 Fec ID number of contributing federal political committee. City State Zip Code TX 78504 Fec ID number of contributing federal political committee. City State Zip Code TX 78504 Fec ID number of contributing federal political committee. City State Zip Code TX 78504 Fec ID number of contributing federal political committee. City State Zip Code TX 78504 Fec ID number of contributing federal political committee. City Firmary General	, ,	L PAC	
Mailing Address 105 E. Yellowhammer City McAllen TX 78504 State TX 78504 Amount of Each Receipt TX Transaction ID: SA11Al.22625 Amount of Each Receipt this Period Contribution Contribution FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ City State TX 78504 Date of Receipt Transaction ID: SA11Al.22625 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11Al.22636 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11Al.22636 Amount of Each Receipt this Period TX 78504 Date of Receipt Transaction ID: SA11Al.22936 Transaction ID: SA11Al.22936 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Date of Receipt Transaction ID: SA11Al.22936 Amount of Each Receipt this Period Contribution Contribution	Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	TX 78703 C Occupation private investor Aggregate Year-to-Date ▼ 4400.00	Transaction ID : SA11AI.24015 Amount of Each Receipt this Period 400.00
McAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Linette Linsangan Mailing Address 105 E. Yellowhammer City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Name of Employer Self-employed Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11Al.22936 Amount of Each Receipt this Period Contribution Contribution Aggregate Year-to-Date ▼ Primary General	Mailing Address 105 E. Yellowhammer		M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other			
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Linette Linsangan Mailing Address 105 E. Yellowhammer City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer Self-employed Primary General Aggregate Year-to-Date ▼ Date of Receipt TX 78504 Transaction ID : SA11AL22936 Amount of Each Receipt this Period Coccupation physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	FEC ID number of contributing	. 555	100.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Linette Linsangan Mailing Address 105 E. Yellowhammer City State Zip Code McAllen TX 78504 FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Primary General Date of Receipt Nate of Receipt Transaction ID: SA11AI.22936 Amount of Each Receipt this Period Contribution Contribution	self-employed	,	Contribution
Dr. Linette Linsangan Mailing Address 105 E. Yellowhammer City McAllen State TX Transaction ID: SA11Al.22936 Amount of Each Receipt this Period Transaction ID: SA11Al.22936 Amount of Each Receipt this Period C 100.6 Receipt Transaction ID: SA11Al.22936 C Transaction ID: SA11Al.22936 Amount of Each Receipt this Period contribution C Aggregate Year-to-Date ▼	Primary General		
City State Zip Code McAllen TX 78504 Transaction ID : SA11AI.22936 Amount of Each Receipt this Period Amount of Each Receipt this Period C 100.0 contribution contribution Contribution Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Transaction ID : SA11AI.22936 Amount of Each Receipt this Period contribution contribution C Aggregate Year-to-Date ▼ Transaction ID : SA11AI.22936 Amount of Each Receipt this Period Contribution Contribution Contribution Contribution Contribution Contribution Aggregate Year-to-Date ▼	Dr. Linette Linsangan		M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General C 100.0 contribution contribution	•		Transaction ID : SA11AI.22936
Name of Employer self-employed Receipt For: Primary General Occupation physician Aggregate Year-to-Date ▼	•	C	100.00
Receipt For: Aggregate Year-to-Date ▼ Primary General	Name of Employer	Occupation	contribution
Primary General Aggregate real-to-Date V		physician	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	600.00
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Linette Linsangan Mailing Address 105 E. Yellowhammer		Date of Receipt 09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23259
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) 3. Dr. Linette Linsangan Mailing Address 105 E. Yellowhammer		Date of Receipt
City	State Zip Code	10 11 2013 Transaction ID : SA11Al.23667
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Linette Linsangan		Date of Receipt
Mailing Address 105 E. Yellowhammer		11 15 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.24016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1100.00	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Mr. Segundo Lizardo		Date of Receipt
Mailing Address 800 Amethyst Drive		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23260
Weslaco	TX 78596	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	- contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) Mr. Segundo Lizardo		Date of Receipt
Mailing Address 800 Amethyst Drive		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23668
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)	I	Date of Desciret
Mr. Segundo Lizardo		Date of Receipt
Mailing Address 800 Amethyst Drive		11 152013
City	State Zip Code	Transaction ID : SA11AI.24017
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	_ contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
SUBTOTAL of Receipts This Page (optional	I) >	75.00
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	e name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Ms Lisa Longoria Mailing Address 716 South Excalibur Street		Date of Receipt
		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22628
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) 3. Ms Lisa Longoria		Date of Receipt
Mailing Address 716 South Excalibur Street		M = M / D = D / Y = Y = Y
City	State Zip Code	08 09 2013
Edinburg	TX 78539	Transaction ID : SA11AI.22939 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)		2
Alfredo Lopez		Date of Receipt
Mailing Address 7609 N. 24th Circle		07 15 _2013 _
City	State Zip Code	Transaction ID : SA11AI.22630
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
SUBTOTAL of Receipts This Page (optional)		200.00
TOTAL This Period (last page this line number		

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Alfredo Lopez Mailing Address 7609 N. 24th Circle		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78504	08 09 2013 Transaction ID : SA11AI.22941 Amount of Each Receipt this Period 100.00
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼	contribution
Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City	State Zip Code	Date of Receipt M
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78504 C Occupation	Amount of Each Receipt this Period 100.00 contribution
Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle		Date of Receipt 10 11 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78504 C Occupation physician	Transaction ID : SA11AI.23672 Amount of Each Receipt this Period 100.00 contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	200.20
	er only)	300.00
TOTAL This Period (last page this line numb	er only)	

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	he name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle		Date of Receipt			
City mcallen	State Zip Code TX 78504	11 15 2013 Transaction ID : SA11Al.24021 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	100.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00				
Full Name (Last, First, Middle Initial) Ms Pamela Lopez Mailing Address 413 N. Gay Drive		Date of Receipt 09 13 2013			
City Pharr					
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 25.00			
Name of Employer self-employed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00				
Full Name (Last, First, Middle Initial) Ms Pamela Lopez		Date of Receipt			
Mailing Address 413 N. Gay Drive	000	10 11 2013			
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.23675 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	- contribution			
SUBTOTAL of Receipts This Page (optional)		150.00			
TOTAL This Period (last page this line number	er only)				

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or		name and address of any political committee to	
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Ms Pamela Lopez Mailing Address 413 N. Gay Drive		Date of Receipt
	City Pharr FEC ID number of contributing	State Zip Code TX 78577	Transaction ID : SA11AI.24024 Amount of Each Receipt this Period
	federal political committee. Name of Employer	Occupation	25.00 contribution
	self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 275.00	
В.	Full Name (Last, First, Middle Initial) Dr. Sergio Lozano Mailing Address 2309 Spicewood Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Weslaco FEC ID number of contributing federal political committee.	State Zip Code TX 78596	Transaction ID : SA11AI.23266 Amount of Each Receipt this Period 25.00
	Name of Employer selfemployed Receipt For: Primary Other (specify)	Occupation physician Aggregate Year-to-Date ▼	contribution
С.	Full Name (Last, First, Middle Initial) Dr. Sergio Lozano Mailing Address 2309 Spicewood Drive		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Weslaco FEC ID number of contributing federal political committee.	State Zip Code TX 78596	Transaction ID : SA11AI.23676 Amount of Each Receipt this Period 25.00
	Name of Employer selfemployed Receipt For: Primary Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 250.00	contribution
s	SUBTOTAL of Receipts This Page (optional)	_	75.00
Т	OTAL This Period (last page this line number of	only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Sergio Lozano Mailing Address 2309 Spicewood Drive		Date of Receipt
City Weslaco	State Zip Code TX 78596	11 15 2013 Transaction ID : SA11AI.24025 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Salil Mangi Mailing Address 3801 Sundown Court East		Date of Receipt
City mcallen	State Zip Code TX 78503	7 15 2013 Transaction ID : SA11AI.22634 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Salil Mangi		Date of Receipt
Mailing Address 3801 Sundown Court East		08 09 / 2013
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.22945 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	contribution
SUBTOTAL of Receipts This Page (optional)		525.00
TOTAL This Period (last page this line number	· only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC				
Full Name (Last, First, Middle Initial) Salil Mangi Mailing Address 3801 Sundown Court East	Date of Receipt				
City	State Zip Code	09 13 2013 Transaction ID : SA11AI.23268			
mcallen	TX 78503	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution			
Primary General Other (specify) ▼	2250.00				
Full Name (Last, First, Middle Initial) Salil Mangi Mailing Address 2801 Sundawa Court Fast		Date of Receipt			
Mailing Address 3801 Sundown Court East City	State Zip Code	10 11 2013 Transaction ID : SA11Al.23678			
mcallen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00				
Full Name (Last, First, Middle Initial) Salil Mangi		Date of Receipt			
Mailing Address 3801 Sundown Court East		11 15 2013			
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.24027 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00				
SUBTOTAL of Receipts This Page (optional)	•	750.00			
TOTAL This Period (last page this line number	only)				

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or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Roberto M. Mangoo-Karim Mailing Address 3817 Sundown Ct		Date of Receipt
	State 7in Code	07 15 2013
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.22635 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation physician	contribution
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) 3. Dr. Roberto M. Mangoo-Karim		Date of Receipt
Mailing Address 3817 Sundown Ct		08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.22946
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Roberto M. Mangoo-Karim		Date of Receipt
Mailing Address 3817 Sundown Ct		09 132013
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.23269 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	<u> </u>	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Roberto M. Mangoo-Karim Mailing Address 3817 Sundown Ct City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Date of Receipt 10 11 2013 Transaction ID: SA11Al.23679 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution
Full Name (Last, First, Middle Initial) Dr. Roberto M. Mangoo-Karim Mailing Address 3817 Sundown Ct City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID: SA11AI.24028
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX 78503 C Occupation	Amount of Each Receipt this Period 250.00 contribution
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal City	State Zip Code	Date of Receipt M
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2800.00	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	r only)	

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal City mcallen FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3200.00	- contribution
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal City	Date of Receipt 09 13 2013	
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 3600.00	Transaction ID : SA11AI.23270 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 4000.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23680 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1200.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using t	he name and address of any political committee t					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name (Last, First, Middle Initial) A. Carlos Manrique	Carlos Manrique					
Mailing Address 116 Cardinal		11 15 2013				
City	State Zip Code	Transaction ID : SA11AI.24029				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	Aggregate Idal-to-Date ▼					
Other (specify) ▼	4400.00					
Full Name (Last, First, Middle Initial) Agustin Martinez		Date of Receipt				
Mailing Address 7603 N. 2nd Lane		07 15 2013				
City	State Zip Code	Transaction ID : SA11AI.22637				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	400.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	2800.00					
Full Name (Last, First, Middle Initial)						
C. Agustin Martinez		Date of Receipt				
Mailing Address 7603 N. 2nd Lane		08 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.22949				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00 contribution				
Name of Employer	Name of Employer Occupation					
selfemployed						
Receipt For:	Aggregate rear-to-bate \					
Primary General Other (specify) ▼	3200.00					
SURTOTAL of Possints This Poss (antion 1)	1	1200.00				
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City	Date of Receipt M = M	
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 3600.00	Transaction ID: SA11AI.23271 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 4000.00	Date of Receipt 10 11 2013 Transaction ID: SA11Al.23682 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 4400.00	Date of Receipt 11 15 2013 Transaction ID: SA11AI.24030 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	er only)	

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) A. Ricardo Martinez		Date of Receipt		
Mailing Address 1903 W. Smith		07 15 2013		
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.22638 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	- contribution		
Other (specify) ▼	1750.00			
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith	•	Date of Receipt		
City	State Zip Code TX 78539	08 09 2013 Transaction ID : SA11AI.22950 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	ÿ			
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00			
Full Name (Last, First, Middle Initial) Ricardo Martinez		Date of Receipt		
Mailing Address 1903 W. Smith		09 13 2013		
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.23272 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00			
SUBTOTAL of Receipts This Page (optional)		750.00		
TOTAL This Period (last page this line number	er only)			

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14 13 15 16 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) Ricardo Martinez Date of Receipt Mailing Address 1903 W. Smith 2013 10 City State Zip Code Transaction ID: SA11AI.23683 TX edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ricardo Martinez Date of Receipt Mailing Address 1903 W. Smith 11 15 2013 City State Zip Code Transaction ID: SA11AI.24031 TX edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Robert Martinez Date of Receipt

Mailing Address 2809 Santa Lydia 07 15 2013 City State Zip Code Transaction ID: SA11AI.22639 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify)

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

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FEC Schedule A (Form 3X) Rev. 02/2003

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	statements may not be sold or used by any persolar name and address of any political committee to		
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL I	PAC		
Full Name (Last, First, Middle Initial) Dr. Robert Martinez Mailing Address 2809 Santa Lydia		Date of Receipt	
		08 09 7 2013	
City	State Zip Code TX 78572	Transaction ID : SA11AI.22951	
Mission	10012	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer	Occupation	contribution	
self-employee	physician		
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify)	800.00		
Full Name (Last, First, Middle Initial) 3. Dr. Robert Martinez		Date of Receipt	
Mailing Address 2809 Santa Lydia		09 13 2013	
City	State Zip Code	Transaction ID : SA11AI.23273	
Mission	TX 78572	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer	Occupation	contribution	
self-employee	physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		
Full Name (Last, First, Middle Initial) C. Dr. Robert Martinez		Date of Receipt	
Mailing Address 2809 Santa Lydia		10 11 2013	
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.23684 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer	Occupation	contribution	
self-employee			
Receipt For:			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)	>	300.00	
TOTAL This Period (last page this line number	` _		

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Robert Martinez Mailing Address 2809 Santa Lydia City	Date of Receipt 11	
Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1100.00	Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 1750.00	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22640 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 2000.00	Date of Receipt 08 09 2013 Transaction ID : SA11Al.22952 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	er only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca City mcallen	State Zip Code TX 78504	Date of Receipt 09 13 2013 Transaction ID: SA11Al.23274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 2250.00	250.00 contribution
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca	Ctata 7:- C. 1	Date of Receipt 10 11 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78504 C Occupation	Transaction ID : SA11AI.23685 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify)	Private investor Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca City	State Zip Code	Date of Receipt M
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 2750.00	Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional).	>	750.00
TOTAL This Period (last page this line numb	er only)	

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

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Israel Mata Mailing Address 2601 Lakeshore Drive		Date of Receipt
	City Edinburg	State Zip Code TX 78539	07 15 2013 Transaction ID : SA11AI.22641
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 350.00	contributon
В.	Full Name (Last, First, Middle Initial) Dr. Israel Mata Mailing Address 2601 Lakeshore Drive		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID: SA11AI.22953 Amount of Each Receipt this Period 50.00
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contributon
C.	Full Name (Last, First, Middle Initial) Dr. Israel Mata Mailing Address 2601 Lakeshore Drive City	State Zip Code	Date of Receipt M M 2013 Transaction ID: SA11AI.23275
	Edinburg FEC ID number of contributing federal political committee. Name of Employer	TX 78539 C Occupation	Amount of Each Receipt this Period 50.00 contributon
	self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 450.00	
S	UBTOTAL of Receipts This Page (optional)	>	150.00
Т	OTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 247 OF 479 Use separate schedule(s) for each category of the Detailed Summary Page

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	ng the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Israel Mata Mailing Address 2601 Lakeshore Drive		Date of Receipt
City	State Zip Code	10 11 2013 Transaction ID : SA11Al.23686
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	- contributon
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Israel Mata	·	Date of Receipt
Mailing Address 2601 Lakeshore Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.24034 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer self-employed	Occupation physician	- contributon
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. Nelson Mata		Date of Receipt
Mailing Address 1705 Palazzo		07 15 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.22642 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	700.00	
SUBTOTAL of Receipts This Page (option	al)	200.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Dr. Nelson Mata Mailing Address 1705 Palazzo		Date of Receipt
	01.11	08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.22954
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) 3. Dr. Nelson Mata Mailing Address 1705 Palazzo		Date of Receipt
City Mission	State Zip Code TX 78572	09 13 2013 Transaction ID : SA11AI.23276 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	Continuation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Nelson Mata		Date of Receipt
Mailing Address 1705 Palazzo		10 11 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.23687 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	<u> </u>	

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ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)									

BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) A. Dr. Nelson Mata Mailing Address 1705 Palazzo		Date of Receipt 11 15 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11Al.24035 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employed Receipt For:	Occupation physician	- contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) 3. Ms Kimberely McNutt		Date of Receipt
Mailing Address 7716 N. 27th City	State Zip Code	09 13 2013 Towns a sign ID - SA44A 20070
McAllen	TX 78504	Transaction ID : SA11AI.23278 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer self-employed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) . Ms Kimberely McNutt		Date of Receipt
Mailing Address 7716 N. 27th		10 11 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23690 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer self-employed Receipt For:	Occupation private investor	- contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line numb	er only)	

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

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or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Ms Kimberely McNutt		Date of Receipt
Mailing Address 7716 N. 27th		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.24037
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	- contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) 3. Dr. Javier Media		Date of Receipt
Mailing Address 3601 Oakwood Lane		07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.22645
Mission	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Javier Media		Date of Receipt
Mailing Address 3601 Oakwood Lane		08 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.22957
Mission	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		125.00
TOTAL This Period (last page this line numb		

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ny information copied from such Reports a r for commercial purposes, other than usin	and Statements may not be sold or used by any pering the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC			
Full Name (Last, First, Middle Initial) Dr. Javier Media Mailing Address 3601 Oakwood Lane		Date of Receipt		
		09 13 2013		
City	State Zip Code	Transaction ID : SA11AI.23279		
Mission	TX 78573	_ Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00			
Full Name (Last, First, Middle Initial)				
Dr. Javier Media		Date of Receipt		
Mailing Address 3601 Oakwood Lane		M = M / D = D / Y = Y = Y		
City	State Zip Code	10 11 2013		
Mission	TX 78573	Transaction ID : SA11AI.23691 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼	7		
Primary General Other (specify) ▼	500.00			
Full Name (Last, First, Middle Initial) Dr. Javier Media	ı	Date of Receipt		
Mailing Address 3601 Oakwood Lane		11 15 2013		
City Mission	State Zip Code TX 78573	Transaction ID : SA11AI.24038		
	17 /00/3	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00 contribution		
Name of Employer	Occupation			
selfemployed	physician	_		
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify)	550.00			
SUBTOTAL of Receipts This Page (options	al)	150.00		
FOTAL Tide Dead 1 (f. et al. 11)				
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL				
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Date of Receipt 07 15 2013 Transaction ID : SA11AI.22646 Amount of Each Receipt this Period		
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2800.00	- contribution		
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street City	Bertha Medina failing Address 1300 1 1/2 Street			
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78501 C Occupation	Transaction ID : SA11AI.22958 Amount of Each Receipt this Period 400.00 contribution		
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 3200.00			
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street City	State Zip Code	Date of Receipt 09 13 2013 Transaction ID : SA11AI.23280 Amount of Each Receipt this Period 400.00 contribution		
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78501 C Occupation physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00			
SUBTOTAL of Receipts This Page (optional)	>	1200.00		
TOTAL This Period (last page this line number	r only)			

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BORDER HEALTH FEDERAL	_ PAU	
Full Name (Last, First, Middle Initial) Bertha Medina		Date of Receipt
Mailing Address 1300 1 1/2 Street		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23692
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	4000.00	
Full Name (Last, First, Middle Initial) Bertha Medina		Date of Receipt
Mailing Address 1300 1 1/2 Street		11 15 2013 _
City	State Zip Code	Transaction ID : SA11AI.24039
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4400.00	
Full Name (Last, First, Middle Initial) Ms Camen Martha Medina		Date of Receipt
Mailing Address 509 E. Yucca		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22647
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
	Aggregate Year-to-Date ▼	
Receipt For:		The state of the s
Receipt For: Primary General	250.50	1
Receipt For:	350.00	
Receipt For: Primary General	9 9 9	850.00

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·	ay not be sold or used by any person for the purpose of soliciting contributions
or for commercial purposes, other than using the name and a	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) Ms Camen Martha Medina Date of Receipt Mailing Address 509 E. Yucca 80 09 2013 City State Zip Code Transaction ID: SA11AI.22959 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Camen Martha Medina Date of Receipt Mailing Address 509 E. Yucca 09 13 2013 City State Zip Code Transaction ID: SA11AI.23281 McAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms Camen Martha Medina Date of Receipt Mailing Address 509 E. Yucca 10 11 2013 City State Zip Code Transaction ID: SA11AI.23693 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

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or for commercial purposes, other than using the	ne 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) Ms Camen Martha Medina Mailing Address 509 E. Yucca City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 550.00	Date of Receipt 11 15 2013 Transaction ID: SA11Al.24040 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Carlos Mego Mailing Address 602 McColl Circle City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 2800.00	Date of Receipt O7 15 2013 Transaction ID: SA11Al.22648 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Dr. Carlos Mego Mailing Address 602 McColl Circle City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 3200.00	Date of Receipt 08 09 2013 Transaction ID: SA11AI.22960 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	850.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee PAC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Carlos Mego Mailing Address 602 McColl Circle City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 3600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Carlos Mego Mailing Address 602 McColl Circle City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 4000.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23694 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Dr. Carlos Mego Mailing Address 602 McColl Circle City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 4400.00	Date of Receipt 11 15 2013 Transaction ID: SA11AI.24041 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	1200.00

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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) Dr. Imtiaz Mehkri Date of Receipt Mailing Address 7120 Ware Road 07 15 2013 City State Zip Code Transaction ID: SA11AI.22649 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Imtiaz Mehkri Date of Receipt Mailing Address 7120 Ware Road 08 09 2013 City State Zip Code Transaction ID: SA11AI.22961 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial)

c. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road City State Zip Code TX McAllen 78504 FEC ID number of contributing C federal political committee. Name of Employer Occupation

physician

Aggregate Year-to-Date ▼

Date of Receipt 09 13 2013 Transaction ID: SA11AI.23283

Amount of Each Receipt this Period 90.00

contribution

810.00 Other (specify) SUBTOTAL of Receipts This Page (optional).....

selfemployed

Primary

General

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

Receipt For:

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for each category of the Detailed Summary Page 14 13 15 16 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) Dr. Imtiaz Mehkri Date of Receipt Mailing Address 7120 Ware Road 2013 10 City State Zip Code Transaction ID: SA11AI.23695 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Imtiaz Mehkri Date of Receipt Mailing Address 7120 Ware Road 11 15 2013 City State Zip Code Transaction ID: SA11AI.24042 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 990.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms Juana Alicia Mejia Date of Receipt Mailing Address 5940 N. Old La Blanca 09 13 2013 City State Zip Code Transaction ID: SA11AI.23284 TX Donna 78537 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 190.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Ms Juana Alicia Mejia Mailing Address 5940 N. Old La Blanca		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.23696
Donna	TX 78537	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Ms Juana Alicia Mejia		Date of Receipt
Mailing Address 5940 N. Old La Blanca		M = M / D = D / Y = Y = Y
City	Stota 7:- 0-1-	11 15 2013
City	State Zip Code TX 78537	Transaction ID : SA11AI.24043
Donna	TX 78537	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Mr. Salvador Mendez Jr.		Date of Receipt
Mailing Address 104 SE Greenbriar Square		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.24044
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optional)	•	40.00
TOTAL This Period (last page this line number	<u> </u>	

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

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	he name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana		Date of Receipt		
City mission	State Zip Code TX 78572	07 15 2013 Transaction ID : SA11AI.22652 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00			
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana		Date of Receipt 08 09 2013		
City mission	State Zip Code TX 78572	Transaction ID : SA11Al.22964 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00			
Full Name (Last, First, Middle Initial) . Manuel Mercado		Date of Receipt		
Mailing Address 3002 Santa Susana	000	09 13 2013		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.23286 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	- contribution		
SUBTOTAL of Receipts This Page (optional)		750.00		
TOTAL This Period (last page this line number	r only)			

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

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	he name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana		Date of Receipt		
City mission	State Zip Code TX 78572	10 11 2013 Transaction ID : SA11AI.23698 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00			
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana		Date of Receipt		
City mission	State Zip Code TX 78572	Transaction ID : SA11Al.24045 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00			
Full Name (Last, First, Middle Initial) Scott Meyer		Date of Receipt		
Mailing Address 2100 School Lane		07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.22653 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	35.00		
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 245.00	- contribution		
SUBTOTAL of Receipts This Page (optional)		535.00		
TOTAL This Period (last page this line number	r only)			

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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) Scott Meyer Date of Receipt Mailing Address 2100 School Lane 80 09 2013 City State Zip Code Transaction ID: SA11AI.22965 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Scott Meyer Date of Receipt Mailing Address 2100 School Lane 09 13 2013 City State Zip Code Transaction ID: SA11AI.23287 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 315.00 Other (specify)

Full Name (Last, First, Middle Initial) **c.** Scott Meyer Date of Receipt Mailing Address 2100 School Lane 10 11 2013 City State Zip Code Transaction ID: SA11AI.23699 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify)

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Scott Meyer Date of Receipt Mailing Address 2100 School Lane 15 2013 11 City State Zip Code Transaction ID: SA11AI.24046 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 385.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Emil Milano Date of Receipt Mailing Address 225 E. Cornell 07 15 2013 City State Zip Code Transaction ID: SA11AI.22654 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Emil Milano Date of Receipt Mailing Address 225 E. Cornell 09 80 2013 City State Zip Code Transaction ID: SA11AI.22967

235.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

800.00

78504

TX

C

Occupation

private investor

Aggregate Year-to-Date ▼

100.00

Amount of Each Receipt this Period

contribution

McAllen

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Primary

selfemployed

Receipt For:

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name (Last, First, Middle Initial) Dr. Emil Milano Mailing Address 225 E. Cornell	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y	
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23288 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For:	Occupation private investor	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) 3. Dr. Emil Milano Mailing Address 225 E. Cornell	Date of Receipt 10 112013	
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23700 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Emil Milano		Date of Receipt
Mailing Address 225 E. Cornell	State 7:- O-1	11 15 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.24047 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1100.00	- Contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line numb	per only)	

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FOR LINE NUMBER:				PAGE	2	65 OF	•	479			
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or for commercial purposes, other than using	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr.		Date of Receipt				
Mailing Address 2821 Michael Angelo	Mailing Address 2821 Michael Angelo					
City	State Zip Code	07 15 2013 Transaction ID : SA11AI.22655				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	- contribution				
self-employed	physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00					
Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr. Mailing Address 2821 Michael Angelo	Date of Receipt 08 092013					
City	State Zip Code	Transaction ID : SA11AI.22968				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
self-employed	physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00					
Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr.		Date of Receipt				
Mailing Address 2821 Michael Angelo		09 13 2013				
City	State Zip Code	Transaction ID : SA11AI.23289				
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 100.00				
Name of Employer	Occupation	contribution				
self-employed						
Receipt For:	Aggregate Year-to-Date ▼	-				
Primary General Other (specify) ▼	900.00					
SUBTOTAL of Receipts This Page (optional)		300.00				
TOTAL This Period (last page this line numb	per only)					

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A 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) Carlos N Mohamed Jr. Date of Receipt Mailing Address 2821 Michael Angelo 10 2013 City State Zip Code Transaction ID: SA11AI.23702 TX 78539 Edinburg Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carlos N Mohamed Jr. Date of Receipt Mailing Address 2821 Michael Angelo 11 15 2013 City State Zip Code Transaction ID: SA11AI.24049 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Samira T. Mohamed Date of Receipt Mailing Address 324 Heron 07 15 2013 City State Zip Code Transaction ID: SA11AI.22656 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using the	ne 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) Dr. Samira T. Mohamed Mailing Address 324 Heron	Date of Receipt 08 09 2013	
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Transaction ID : SA11AI.22969 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Samira T. Mohamed Mailing Address 324 Heron City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Samira T. Mohamed Mailing Address 324 Heron City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 10 11 2013 Transaction ID: SA11Al.23703 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	r only)	

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Samira T. Mohamed Mailing Address 324 Heron		Date of Receipt
	City McAllen	State Zip Code TX 78504	11 15 2013 Transaction ID : SA11AI.24050
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 550.00	contribution
В.	Full Name (Last, First, Middle Initial) Dr. Ruben Mohme Mailing Address 7309 N. 4th Street		Date of Receipt 07 15 2013
	City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.22657 Amount of Each Receipt this Period 100.00
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 700.00	contribution
C.	Full Name (Last, First, Middle Initial) Dr. Ruben Mohme Mailing Address 7309 N. 4th Street City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	McAllen FEC ID number of contributing federal political committee. Name of Employer	TX 78504 C Occupation	Amount of Each Receipt this Period 100.00 contribution
	self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 800.00	
S	SUBTOTAL of Receipts This Page (optional)		250.00
Т	TOTAL This Period (last page this line number of	only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Ruben Mohme Mailing Address 7309 N. 4th Street	Date of Receipt	
City McAllen	State Zip Code TX 78504	09 13 2013 Transaction ID : SA11Al.23291 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Ruben Mohme Mailing Address 7309 N. 4th Street	Date of Receipt 10 112013	
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23705 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Ruben Mohme		Date of Receipt
Mailing Address 7309 N. 4th Street	0.	11 15 / Y = Y = Y = Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.24052 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1100.00	- contribution
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Armando Moncada		Date of Receipt
Mailing Address 1421 North 2nd Street		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22658
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-Date ▼	
Other (specify) ▼	2800.00	
Full Name (Last, First, Middle Initial) 3. Dr. Armando Moncada	'	Date of Receipt
Mailing Address 1421 North 2nd Street		08 09 2013 _
City	State Zip Code	Transaction ID : SA11AI.22971
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3200.00	
Full Name (Last, First, Middle Initial) Dr. Armando Moncada		Date of Receipt
Mailing Address 1421 North 2nd Street		09 13 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.23292
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	3600.00	
SUBTOTAL of Receipts This Page (optional	al)	1200.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23706 Amount of Each Receipt this Period
Name of Employer self-employee Receipt For: Primary Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 4000.00	contribution
Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID: SA11AI.24053
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee	TX 78504 C Occupation physician	Amount of Each Receipt this Period 400.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane City	State Zip Code	Date of Receipt 07
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 2800.00	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	r only)	

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

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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 P	* *	
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.22972 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 3200.00	contribution
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane	State 7in Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID: SA11AI.23293 Amount of Each Receipt this Period 400.00 contribution
Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane		Date of Receipt 10
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.23708 Amount of Each Receipt this Period 400.00 contribution
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number o	<u></u>	1200.00

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane		Date of Receipt
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.24055 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive		Date of Receipt 07 15 2013
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.22661 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt
Mailing Address 1608 Woods Drive	7. 6	08 09 / Y = Y = Y = Y = Y
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.22974 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 2000.00	- contribution
SUBTOTAL of Receipts This Page (optional).	>	900.00
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address, 1608 Woods Drive		Date of Receipt
Mailing Address 1608 Woods Drive		09 13 7 2013
City	State Zip Code	Transaction ID : SA11AI.23295
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt
Mailing Address 1608 Woods Drive		10 11 _2013 _
City	State Zip Code	Transaction ID : SA11Al.23710
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:		\dashv
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Leonel Moreno	·	Date of Receipt
Mailing Address 1608 Woods Drive		11 15 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.24057
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2750.00	
SUBTOTAL of Receipts This Page (optional))	750.00
TOTAL This Period (last page this line numb	ber only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Sivakumari Nandipaty Mailing Address 1509 N. Misty Lane City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 07
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Dr. Sivakumari Nandipaty Mailing Address 1509 N. Misty Lane City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 08 09 2013 Transaction ID : SA11AI.22975 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Sivakumari Nandipaty Mailing Address 1509 N. Misty Lane City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	r only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Sivakumari Nandipaty Mailing Address 1509 N. Misty Lane City	State Zip Code	Date of Receipt 10
City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Transaction ID : SA11AI.23713 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Sivakumari Nandipaty Mailing Address 1509 N. Misty Lane City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 11 15 2013 Transaction ID: SA11AI.24060 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Jesse Naranjo Mailing Address 3301 N. Cynthia Lane City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 700.00	Date of Receipt 07
SUBTOTAL of Receipts This Page (optional)		200.00
TOTAL This Period (last page this line number	r only)	

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	ne name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Dr. Jesse Naranjo Mailing Address 3301 N. Cynthia Lane		Date of Receipt		
City McAllen	State Zip Code TX 78504	08 09 2013 Transaction ID : SA11AI.22976 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	100.00		
Name of Employer self-employed	Occupation physician	- contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00			
Full Name (Last, First, Middle Initial) Dr. Jesse Naranjo Mailing Address 3301 N. Cynthia Lane		Date of Receipt 09 13 _2013 _		
City McAllen	State Zip Code TX 78504	7 Transaction ID : SA11Al.23297 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	100.00		
Name of Employer self-employed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00			
Full Name (Last, First, Middle Initial) Dr. Jesse Naranjo		Date of Receipt		
Mailing Address 3301 N. Cynthia Lane	0	10 11 2013		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23714 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	- contribution		
SUBTOTAL of Receipts This Page (optional)		300.00		
TOTAL This Period (last page this line numbe	r only)			

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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and address of any political committee	
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Jesse Naranjo		Date of Receipt
Mailing Address 3301 N. Cynthia Lane		1,1 15 2013
City	State Zip Code	Transaction ID : SA11AI.24061
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Lauren Naylor	•	Date of Receipt
Mailing Address 3020 Melinda Drive		07 15 2013 _
City	State Zip Code	07 15 2013 Transaction ID : SA11Al.22664
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing		cart of East Hoodpt this Foriou
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	1. ,	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 3020 Melinda Drive		08 09 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.22977
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional	al)	200.00
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	ne name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Lauren Naylor Mailing Address 3020 Melinda Drive		Date of Receipt		
City Edinburg	State Zip Code TX 78539	09 13 2013 Transaction ID : SA11Al.23298 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00		
Name of Employer selfemployed	Occupation physician	- contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			
Full Name (Last, First, Middle Initial) Lauren Naylor Mailing Address 3020 Melinda Drive		Date of Receipt 10 11 2013		
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.23715 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer selfemployed	Occupation physician	- contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Dr. William O'Callaghan		Date of Receipt		
Mailing Address 111 NE Augusta Square		07 15 / Y = Y = Y = Y		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.22665 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 700.00	- contribution		
SUBTOTAL of Receipts This Page (optional)	•	200.00		
TOTAL This Period (last page this line number	· only)			

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. William O'Callaghan Mailing Address 111 NE Augusta Square City	State Zip Code	Date of Receipt 08 09 2013 Transaction ID : SA11A1 23078
McAllen	TX 78504	Transaction ID: SA11AI.22978 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Dr. William O'Callaghan Mailing Address 111 NE Augusta Square		Date of Receipt 09 132013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23299 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. William O'Callaghan		Date of Receipt
Mailing Address 111 NE Augusta Square		10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23716 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00
TOTAL This Period (last page this line number	only)	

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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.

or for commercial purposes, other than using th	e 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) Dr. William O'Callaghan Mailing Address 111 NE Augusta Square City McAllen	State Zip Code TX 78504	Date of Receipt 11
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	C Occupation physician Aggregate Year-to-Date ▼	100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Alfonso Ochoa Mailing Address 1901 W. 18th Street City Weslaco	State Zip Code TX 78596	Date of Receipt 08 09 2013 Transaction ID: SA11AI.22979 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 700.00	100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Alfonso Ochoa Mailing Address 1901 W. 18th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 9 13 2013 Transaction ID: SA11Al.23300 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)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC			
Full Name (Last, First, Middle Initial) Dr. Alfonso Ochoa Mailing Address 1901 W. 18th Street		Date of Receipt		
City	State Zip Code	10 11 2013 Transaction ID : SA11AI.23717		
Weslaco	TX 78596	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution		
Other (specify) ▼	900.00			
Full Name (Last, First, Middle Initial) 3. Dr. Alfonso Ochoa Mailing Address 1901 W. 18th Street		Date of Receipt		
City Weslaco	State Zip Code TX 78596	11 15 2013 Transaction ID : SA11AI.24064 Amount of Each Receipt this Period 100.00 contribution		
FEC ID number of contributing federal political committee.	C			
Name of Employer self-employed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Ms Jessica Ochoa		Date of Receipt		
Mailing Address 1920 Treasure Oak Drive		10 11 2013		
City Harlingen	State Zip Code TX 78550	Transaction ID : SA11AI.23718 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer self-employed	Occupation private investor	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00			
SUBTOTAL of Receipts This Page (optional)		225.00		
TOTAL This Period (last page this line number	only)			

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Ms Jessica Ochoa Mailing Address 1920 Treasure Oak Drive		Date of Receipt
City Harlingen	State Zip Code TX 78550	11 15 2013 Transaction ID : SA11Al.24065 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer self-employed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Ricardo Ochoa Mailing Address 2421 N. 'J' Street		Date of Receipt
City McAllen	State Zip Code TX 78501	07 15 2013 Transaction ID : SA11AI.22666 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Mr. Ricardo Ochoa		Date of Receipt
Mailing Address 2421 N. 'J' Street	0	08 09 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.22981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 800.00	_ contribution
SUBTOTAL of Receipts This Page (optional)	•	225.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Mr. Ricardo Ochoa Mailing Address 2421 N. 'J' Street		Date of Receipt
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	09 13 2013 Transaction ID: SA11AI.23302 Amount of Each Receipt this Period 100.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 900.00	contribution
Full Name (Last, First, Middle Initial) Mr. Ricardo Ochoa Mailing Address 2421 N. 'J' Street	· 	Date of Receipt 10 11 2013
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.23719 Amount of Each Receipt this Period 100.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1000.00	- contribution
Full Name (Last, First, Middle Initial) Mr. Ricardo Ochoa Mailing Address 2421 N. 'J' Street City	State Zip Code	Date of Receipt 11 15 2013
McAllen FEC ID number of contributing federal political committee.	TX 78501	Transaction ID : SA11AI.24066 Amount of Each Receipt this Period 100.00 contribution
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1100.00	- Contribution
SUBTOTAL of Receipts This Page (optional)	300.00
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or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) 1. Dr. Victor Ogunlana		Date of Receipt
Mailing Address 2604 Santa Teresa		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22667
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	doctor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) 3. Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa		Date of Receipt
City	State 7in Code	08 09 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.22982
<u> </u>		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	doctor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana		Date of Receipt
Mailing Address 2604 Santa Teresa		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23303
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	contribution
self-employed	doctor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
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15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) A. Dr. Victor Ogunlana Date of Receipt Mailing Address 2604 Santa Teresa 10 2013 City State Zip Code Transaction ID: SA11AI.23720 TX 78572 Mission Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation self-employed doctor Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name (Last, First, Middle Initial) B. Dr. Victor Ogunlana Date of Receipt Mailing Address 2604 Santa Teresa 2013

City	State Zip Code	Transaction ID : SA11AI.24067
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation doctor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Noel Olveira		Date of Receipt
Mailing Address 9917 Bentsen Road		07 15 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.22668 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	300.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC			
Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road		Date of Receipt		
City	State Zip Code	08 09 2013		
McAllen	TX 78504	Transaction ID : SA11AI.22983 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer selfemployed Receipt For:	Occupation physician	contribution		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00			
Full Name (Last, First, Middle Initial) 3. Dr. Noel Olveira Mailing Address 9917 Bentsen Road		Date of Receipt		
City McAllen	State Zip Code TX 78504	09 13 2013 Transaction ID : SA11AI.23304 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00			
Full Name (Last, First, Middle Initial) Dr. Noel Olveira		Date of Receipt		
Mailing Address 9917 Bentsen Road		10 11 2013		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23721 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (optional)	•	300.00		
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road		Date of Receipt
City McAllen	State Zip Code TX 78504	11 15 2013 Transaction ID : SA11AI.24068 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Athanaji Orfanos Mailing Address 3013 Lakeshore Drive		Date of Receipt
City Edinburg	State Zip Code TX 78539	7 15 2013 Transaction ID : SA11AI.22669 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. Athanaji Orfanos		Date of Receipt
Mailing Address 3013 Lakeshore Drive		08
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.22984 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 800.00	. contribution
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NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Athanaji Orfanos		Date of Receipt
Mailing Address 3013 Lakeshore Drive		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23305
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial) Dr. Athanaji Orfanos	,	Date of Receipt
Mailing Address 3013 Lakeshore Drive		M M / D D / Y Y Y Y Y
City	State Zip Code	10 11 2013
City Edinburg	TX 78539	Transaction ID : SA11AI.23722
	11/ 10009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Athanaji Orfanos	I.	Date of Receipt
Mailing Address 3013 Lakeshore Drive		M = M / D = D / Y = Y = Y
City	State Zip Code	11 15 2013 Transaction ID : SA11AI.24069
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	Aggregate real to Date ¥	
Other (specify) ▼	1100.00	
SUBTOTAL of Receipts This Page (optional	l)	300.00
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TOTAL This Period (last page this line num	ber only)	1

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. John Orfanos Mailing Address 5416 N. Cynthia	Stata Zin Cod-	Date of Receipt 07
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 350.00	Transaction ID : SA11AI.22670 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. John Orfanos Mailing Address 5416 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. John Orfanos Mailing Address 5416 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt 09 13 2013 Transaction ID: SA11Al.23306 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	and Statements may not be sold or used by any peling the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Dr. John Orfanos Mailing Address 5416 N. Cynthia		Date of Receipt
City	State Zip Code	10 11 2013 Transaction ID : SA11Al.23723
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Callet (opeolity) \(\psi\)	300.00	
Full Name (Last, First, Middle Initial) Dr. John Orfanos		Date of Receipt
Mailing Address 5416 N. Cynthia		11 15 _2013 _
City	State Zip Code	11 15 2013 Transaction ID : SA11AI.24070
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	contribution
self-employed	physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Mr. Jose Ortega	'	Date of Receipt
Mailing Address 2504 Xanthisma		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.24071
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	contribution
self-employed	private investor	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (option	al)	120.00
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TOTAL This Period (last page this line nur	mber only)	

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Detailed Summary Page		11a		11b		11c		12	
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NAME OF COMMITTEE BORDER HEAL	,	PAC	
Full Name (Last, First, N Juan Ortiz	,		Date of Receipt
Mailing Address 4501 N	. Cynthia		07 15 _ 2013 _
City		State Zip Code	Transaction ID : SA11AI.22672
mcallen		TX 78504	Amount of Each Receipt this Period
FEC ID number of contr federal political committee	•	C	50.00
Name of Employer		Occupation	contribution
selfemployed		physician	
Receipt For:		Aggregate Year-to-Date ▼	
Primary Other (specify) ▼	General	350.€	00
		, , , , , , , , , , , , , , , , , , , ,	
Full Name (Last, First, Man Ortiz	,		Date of Receipt
Mailing Address 4501 N.	. Cynthia		08 09 2013 -
City		State Zip Code	Transaction ID : SA11AI.22987
mcallen		Amount of Each Receipt this Period	
FEC ID number of contr federal political committee	•	C	50.00
Name of Employer selfemployed		Occupation physician	contribution
Receipt For: Primary Other (specify) ▼	General	Aggregate Year-to-Date ▼ 400.0	00
Full Name (Last, First, N	Middle Initial)		Date of Receipt
Mailing Address 4501 N	. Cynthia		09 13 2013
City		State Zip Code	Transaction ID : SA11AI.23308
mcallen		TX 78504	Amount of Each Receipt this Period
FEC ID number of contr federal political committee	•	C	50.00
Name of Employer		Occupation	contribution
selfemployed		physician	
Receipt For:			
Primary	General	Aggregate Year-to-Date ▼	-
Other (specify)		450.0	00
SUBTOTAL of Receipts T	his Page (optional)		150.00

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479 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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) Juan Ortiz Date of Receipt Mailing Address 4501 N. Cynthia 2013 10 City State Zip Code Transaction ID: SA11AI.23725 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Juan Ortiz Date of Receipt Mailing Address 4501 N. Cynthia 11 15 2013 City State Zip Code Transaction ID: SA11AI.24072 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) c. Armando Osio Date of Receipt Mailing Address 600 Tulip 07 15 2013 City State Zip Code Transaction ID: SA11AI.22673 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using the	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip		Date of Receipt
City mcallen	State Zip Code TX 78504	08 09 2013 Transaction ID : SA11AI.22988 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	-
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip	State Zin Code	Date of Receipt 09 13 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	- contribution
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip	State Zin Code	Date of Receipt 10 11 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.23726 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne 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) Armando Osio Mailing Address 600 Tulip		Date of Receipt
City	State Zip Code	11 15 2013 Transaction ID : SA11AI.24073
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For:	Occupation physician	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive		Date of Receipt 07 15 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.22674 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo		Date of Receipt
Mailing Address 1601 Sebastian Drive		08 09 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.22989 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line number	r only)	

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

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive		Date of Receipt
City Mission	State Zip Code TX 78572	09 13 2013 Transaction ID : SA11AI.23310 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	50.00 contribution
self-employee Receipt For: Primary General Other (specify)	private investor Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive		Date of Receipt 10 11 2013
City Mission FEC ID number of contributing	State Zip Code TX 78572	Transaction ID : SA11AI.23727 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employee	Occupation	50.00 contribution
Receipt For: Primary General Other (specify)	Private investor Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive		Date of Receipt
City Mission FEC ID number of contributing	State Zip Code TX 78572	11 15 2013 Transaction ID : SA11AI.24074 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer self-employee Receipt For:	Occupation private investor	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	only)	

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia #148 City	State Zip Code	Date of Receipt 07
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Transaction ID : SA11AI.22675 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt 08 09 2013 Transaction ID: SA11AI.22990 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt 09 13 2013 Transaction ID : SA11Al.23311 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional).	>	750.00
TOTAL This Period (last page this line numb	er only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia #148		Date of Receipt 10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23728
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia #148 City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID : SA11Al.24075
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Liping Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 2305 Red River		07 15 2013
City mcallen	State Zip Code TX 78572	Transaction ID : SA11AI.22676 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	Aggregate Teal-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).		600.00
TOTAL This Period (last page this line number	er only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Kip Owen Mailing Address 2305 Red River		Date of Receipt
City	State Zip Code	08 09 2013 Transaction ID : SA11Al.22991
FEC ID number of contributing	TX 78572	Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	- contribution
selfemployed Receipt For:	physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Kip Owen Mailing Address 2205 Rod Biver		Date of Receipt
Mailing Address 2305 Red River City	State Zip Code	09 13 2013
mcallen	TX 78572	Transaction ID : SA11AI.23312 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) . Kip Owen		Date of Receipt
Mailing Address 2305 Red River		10 11 2013
City mcallen	State Zip Code TX 78572	Transaction ID : SA11AI.23729 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	- contribution
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kip Owen Mailing Address 2305 Red River City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78572 C Occupation physician	Date of Receipt 11 15 2013 Transaction ID: SA11AI.24076 Amount of Each Receipt this Period 100.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr. Mailing Address P.O. Box 3669		Date of Receipt 07
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78540	Transaction ID : SA11AI.22677 Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 350.00	contribution
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr. Mailing Address P.O. Box 3669 City Edinburg	State Zip Code TX 78540	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 400.00	50.00 contribution
SUBTOTAL of Receipts This Page (optional)		200.00
TOTAL This Period (last page this line numb	·	

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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr.		Date of Receipt
Mailing Address P.O. Box 3669		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23313
Edinburg	TX 78540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr.	·	Date of Receipt
Mailing Address P.O. Box 3669		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23731
Edinburg	TX 78540	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	'	
Receipt For:	private investor	
Primary General	Aggregate Year-to-Date ▼	.
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr.		Date of Receipt
Mailing Address P.O. Box 3669		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.24078
Edinburg	TX 78540	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	550.00	1
Other (specify) ▼	550.00	
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt M
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	C Occupation physician Aggregate Year-to-Date ▼ 1750.00	contribution
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78504 C Occupation physician	Transaction ID : SA11AI.22993 Amount of Each Receipt this Period 250.00 contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen	State Zip Code	Date of Receipt 09 13 2013 Transaction ID: SA11Al.23314
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	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	r only)	

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for each category of the Detailed Summary Page	X 11	a	11b		11c		12		
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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary		Date of Receipt 10 11 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Transaction ID : SA11AI.23732 Amount of Each Receipt this Period 250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary	Ctoto 7:- 0 - 1	Date of Receipt 11 15 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504 C	Transaction ID : SA11AI.24079 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Umesh Pathak Mailing Address 2004 Alexander Drive	State 7in Code	Date of Receipt 07 15 2013
City weslaco FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78596 C Occupation	Transaction ID : SA11AI.22679 Amount of Each Receipt this Period 100.00 contribution
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)	>	600.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using th	e 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) Umesh Pathak Mailing Address 2004 Alexander Drive		Date of Receipt		
City weslaco	State Zip Code TX 78596	08 09 2013 Transaction ID : SA11AI.22994 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 800.00			
Full Name (Last, First, Middle Initial) 3. Umesh Pathak Mailing Address 2004 Alexander Drive	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City weslaco FEC ID number of contributing federal political committee.	State Zip Code TX 78596	Transaction ID : SA11AI.23315 Amount of Each Receipt this Period 100.00		
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution		
Other (specify) ▼ Full Name (Last, First, Middle Initial)	900.00	Date of St. 11		
Mailing Address 2004 Alexander Drive		Date of Receipt 10 11 2013		
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.23733 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. Name of Employer	C	100.00 contribution		
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (optional)		300.00		
TOTAL This Period (last page this line number	only)			

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	he name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Umesh Pathak Mailing Address 2004 Alexander Drive	Umesh Pathak					
City	State Zip Code TX 78596	11 15 2013 Transaction ID : SA11AI.24080				
FEC ID number of contributing federal political committee.	C 78596	Amount of Each Receipt this Period				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00					
Full Name (Last, First, Middle Initial) Dr. Harold J. Pean Mailing Address 700 Brazos City	State Zip Code	Date of Receipt 07 15 2013 Transaction ID: SA11AL 22680				
Mission FEC ID number of contributing federal political committee.	TX 78572	Transaction ID: SA11AI.22680 Amount of Each Receipt this Period 100.00				
Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	- contribution				
Full Name (Last, First, Middle Initial) Dr. Harold J. Pean Mailing Address 700 Brazos	Chate 7' Co. 1	Date of Receipt 08 09 2013				
City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.22995 Amount of Each Receipt this Period 100.00				
Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 700.00	contribution				
SUBTOTAL of Receipts This Page (optional)		300.00				
TOTAL This Period (last page this line number	r only)					

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or for commercial purposes, other than using the	ne 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) Dr. Harold J. Pean Mailing Address 700 Brazos City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 800.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Harold J. Pean Mailing Address 700 Brazos City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 900.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23734 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Harold J. Pean Mailing Address 700 Brazos City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 11 15 2013 Transaction ID: SA11Al.24081 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	g the name and address of any political committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	AL PAC	
Dr. Guillermo Pechero	Date of Receipt	
Mailing Address 2312 La Condesa		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22681
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero	Date of Receipt	
Mailing Address 2312 La Condesa	M = M / D = D / Y = Y = Y	
City	State Zip Code	08 09 2013
City Edinburg	TX 78539	Transaction ID : SA11AI.22996
	17/ 10009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	contribution	
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)	I	Date of Receipt
Mailing Address 2312 La Condesa		Date of Receipt
2012 La CUlluesa		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23317
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed		
Receipt For:	physician Aggregate Year-to-Date ▼	
Primary General	. 133. 234. 2 704. 10 2410 1	
Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00
TOTAL This Period (last page this line num	nber only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero Mailing Address 2312 La Condesa	State 7in Code	Date of Receipt 10 11 2013
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	Transaction ID : SA11AI.23735 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution
Full Name (Last, First, Middle Initial) 3. Dr. Guillermo Pechero Mailing Address 2312 La Condesa		Date of Receipt 11 15 2013
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.24082 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00	- contribution
Full Name (Last, First, Middle Initial) Dr. Alberto Pena Mailing Address 3716 Tigris City	State Zip Code	Date of Receipt 07
Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	TX 78539 C Occupation doctor Aggregate Year-to-Date ▼ 350.00	Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	550.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Alberto Pena Mailing Address 3716 Tigris City Edinburg FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78539 C	Date of Receipt 08 09 2013 Transaction ID: SA11AI.22997 Amount of Each Receipt this Period 50.00 contribution
self-employed Receipt For: Primary General Other (specify)	doctor Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Alberto Pena Mailing Address 3716 Tigris		Date of Receipt 09 13 2013
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.23318 Amount of Each Receipt this Period 50.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation doctor Aggregate Year-to-Date ▼ 450.00	contribution
Full Name (Last, First, Middle Initial) Dr. Alberto Pena Mailing Address 3716 Tigris City	State Zip Code	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23736
Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	TX 78539 C Occupation doctor Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Alberto Pena		Date of Receipt
Mailing Address 3716 Tigris		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.24083
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	doctor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) 3. Jose Pena	<u> </u>	Date of Receipt
Mailing Address 100 Bluebird		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22683
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2800.00	
Full Name (Last, First, Middle Initial) Jose Pena	<u>'</u>	Date of Receipt
Mailing Address 100 Bluebird		08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.22998
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	3200.00	
SUBTOTAL of Receipts This Page (optional	l)	850.00
TOTAL This Period (last page this line num	<u> </u>	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird		Date of Receipt 09 13 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78504 C Occupation physician	Transaction ID : SA11AI.23319 Amount of Each Receipt this Period 400.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial) 3. Jose Pena Mailing Address 100 Bluebird		Date of Receipt 10 11 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78504 C Occupation physician	Transaction ID : SA11AI.23737 Amount of Each Receipt this Period 400.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID: SA11Al 24084
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.24084 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	•	1200.00

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court		Date of Receipt
City	State Zip Code	07 15 2013 Transaction ID : SA11AI.22684
pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	
Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court		Date of Receipt 08 092013
City pharr	State Zip Code TX 78577	Transaction ID : SA11AI.22999 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For:	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial) Juan Pena		Date of Receipt
Mailing Address 905 S. Huisache Court		09 13 2013
City pharr	State Zip Code TX 78577	Transaction ID : SA11AI.23320 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 3600.00	- contribution
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	r only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court		Date of Receipt
City	State Zip Code	10 11 2013 Transaction ID : SA11Al.23738
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court		Date of Receipt
City	State Zip Code	11 15 2013
pharr	TX 78577	Transaction ID : SA11AI.24085 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	
Full Name (Last, First, Middle Initial) Dr. Raul Pena		Date of Receipt
Mailing Address 3500 San Clemente		07 15 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.22685 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	875.00	
SUBTOTAL of Receipts This Page (optional)		925.00
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Dr. Raul Pena Mailing Address 3500 San Clemente		Date of Receipt
City	State Zip Code	08 09 2013 Transaction ID : SA11AI.23000
Mission FEC ID number of contributing federal political committee	TX 78572	Amount of Each Receipt this Period 125.00
federal political committee. Name of Employer	Occupation	- contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Raul Pena Mailing Address 3500 San Clemente		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Mission FEC ID number of contributing	State Zip Code TX 78572	Transaction ID : SA11AI.23321 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	125.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1125.00	
Full Name (Last, First, Middle Initial) Dr. Raul Pena		Date of Receipt
Mailing Address 3500 San Clemente City	State Zip Code	10 11 2013 Transaction ID : SA11Al.23739
Mission FEC ID number of contributing	TX 78572	Amount of Each Receipt this Period
federal political committee.	C	125.00 contribution
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)	>	375.00
TOTAL This Period (last page this line number	r only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Raul Pena Mailing Address 3500 San Clemente		Date of Receipt
City Mission	State Zip Code TX 78572	Transaction ID : SA11Al.24086
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	
Full Name (Last, First, Middle Initial) Dr. Pedro Penalo Mailing Address 906 S. Bridge		Date of Receipt 10 11 2013
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11Al.23740 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer Self employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Pedro Penalo		Date of Receipt
Mailing Address 906 S. Bridge		11 15 2013
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.24087 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	- contribution
SUBTOTAL of Receipts This Page (optional)		525.00
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) A. Ernie Perez Mailing Address P.O. Box 5360		Date of Receipt
City	State Zip Code TX 78502	09 13 2013 Transaction ID : SA11Al.23322
mcallen FEC ID number of contributing federal political committee.	C 78502	Amount of Each Receipt this Period 25.00
Name of Employer self-employed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Ernie Perez Mailing Address P.O. Box 5360		Date of Receipt
City mcallen	State Zip Code TX 78502	Transaction ID : SA11AI.23741 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ernie Perez		Date of Receipt
Mailing Address P.O. Box 5360		11 15 2013
City mcallen	State Zip Code TX 78502	Transaction ID : SA11AI.24088 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 275.00	- contribution
SUBTOTAL of Receipts This Page (optional).	>	75.00
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Florencia Perez Mailing Address 4600 Victoria City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 1400.00	Date of Receipt 07 15 2013 Transaction ID : SA11AI.22687 Amount of Each Receipt this Period 200.00 contribution
Full Name (Last, First, Middle Initial) Dr. Florencia Perez Mailing Address 4600 Victoria City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 1600.00	Date of Receipt 08 09 2013 Transaction ID: SA11AI.23002 Amount of Each Receipt this Period 200.00 contribution
Full Name (Last, First, Middle Initial) Dr. Florencia Perez Mailing Address 4600 Victoria City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 1700.00	Date of Receipt 99 13 2013 Transaction ID : SA11AI.23323 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	500.00

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Florencia Perez Mailing Address 4600 Victoria		Date of Receipt
Mailing Address 4600 Victoria		11 15 7 2013
City	State Zip Code	Transaction ID : SA11AI.24089
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1800.00	
Full Name (Last, First, Middle Initial) 3. Dr. Francisco Perez		Date of Receipt
Mailing Address 4726 S. Jackson		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22688
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:		\dashv
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) C. Dr. Francisco Perez		Date of Receipt
Mailing Address 4726 S. Jackson		08 09 2013
City	State Zip Code	Transaction ID : SA11Al.23003
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional	l)	200.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Francisco Perez Mailing Address 4726 S. Jackson		Date of Receipt
		09 13 2013
City	State Zip Code TX 78539	Transaction ID : SA11AI.23324
Edinburg	TX 78539	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Dr. Francisco Perez		Date of Receipt
Mailing Address 4726 S. Jackson		10 11 2013
City	State Zip Code TX 78539	Transaction ID : SA11AI.23742
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	- contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Francisco Perez		Date of Receipt
Mailing Address 4726 S. Jackson		11 15 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.24090
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
SUBTOTAL of Receipts This Page (ontions	al)	150.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Dr. Irene Perez-Young Mailing Address 109 N. Nueces Park Lane		Date of Receipt
City	07 15 2013	
Harlingen	State Zip Code TX 78552	Transaction ID : SA11AI.22689 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) 3. Dr. Irene Perez-Young		Date of Receipt
Mailing Address 109 N. Nueces Park Lane City	State Zip Code	08 09 2013
Harlingen	TX 78552	Transaction ID : SA11AI.23004 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Irene Perez-Young		Date of Receipt
Mailing Address 109 N. Nueces Park Lane		09 13 2013
City Harlingen	State Zip Code TX 78552	Transaction ID : SA11AI.23325 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	only)	7 7

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Irene Perez-Young Mailing Address 109 N. Nueces Park Lane	Date of Receipt	
City	State Zip Code	10 11 2013
Gity Harlingen	TX 78552	Transaction ID : SA11AI.23743 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Irene Perez-Young		Date of Receipt
Mailing Address 109 N. Nueces Park Lane	State 7's C-d-	11 15 2013
City Harlingen	State Zip Code TX 78552	Transaction ID : SA11AI.24091 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 76332	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Claudia Pierson		Date of Receipt
Mailing Address 6912 N. Peking		07 15 2013 _
City mcallen	State Zip Code TX 78501	Transaction ID : SA11Al.22690 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2800.00	
SUBTOTAL of Receipts This Page (optional)	_	500.00
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.					
BORDER HEALTH FÉDER	AL PAC						
Full Name (Last, First, Middle Initial) Claudia Pierson	Claudia Pierson						
Mailing Address 6912 N. Peking	08 09 2013						
City	State Zip Code	Transaction ID : SA11AI.23005					
mcallen	TX 78501	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	Aggregate real to-bate ¥						
Other (specify)	3200.00						
Full Name (Last, First, Middle Initial) Claudia Pierson							
Mailing Address 6912 N. Peking		09 13 2013					
City	City State Zip Code						
mcallen	Transaction ID : SA11AI.23326 Amount of Each Receipt this Period						
FEC ID number of contributing	TX 78501	Tanada da Esta Tibodipi dila 1 dilad					
federal political committee.	C	400.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	3600.00						
Full Name (Last, First, Middle Initial) Claudia Pierson		Date of Receipt					
Mailing Address 6912 N. Peking							
City	State Zip Code	10 11 2013 Transaction ID : SA11Al.23744					
mcallen	TX 78501	Amount of Each Receipt this Period					
FEC ID number of contributing		Tandari di Eddi Hodolpi ililo i dilodi					
federal political committee.	S .						
Name of Employer	contribution						
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	4000.00						
Other (specify) ▼	4000.00						
SUBTOTAL of Receipts This Page (option	nal)	1200.00					
TOTAL This Period (last page this line nu	mber only)						

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or	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC						
Α.	Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking	Date of Receipt						
	City	11 15 2013 Transaction ID : SA11AI.24092						
	mcallen	State Zip Code TX 78501	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	400.00					
	Name of Employer	Occupation	contribution					
	selfemployed	physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00						
В.	Full Name (Last, First, Middle Initial) Mr. Francisco Pina		Date of Receipt					
	Mailing Address 129 E. Jones		09 13 / Y = Y = Y = Y					
	City	State Zip Code TX 78577	Transaction ID : SA11AI.23327					
	Pharr	TX 78577	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	25.00					
	Name of Employer	Occupation	contribution					
	selfemployed	private investor						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00						
	Full Name (Last, First, Middle Initial) Mr. Francisco Pina		Date of Receipt					
	Mailing Address 129 E. Jones		10 11 2013					
	City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.23745 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	25.00					
	Name of Employer	Occupation	contribution					
	selfemployed	private investor						
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	250.00						
s	UBTOTAL of Receipts This Page (optional)		450.00					
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Detailed Summary Page 14 13 15 16 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) Mr. Francisco Pina Date of Receipt Mailing Address 129 E. Jones 15 2013 11 City State Zip Code Transaction ID: SA11AI.24093 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Jessica Porras Date of Receipt Mailing Address 5128 North 10th Street 09 13 2013 City State Zip Code Transaction ID: SA11AI.23328 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. contribution Name of Employer Occupation self-employee private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms Jessica Porras Date of Receipt Mailing Address 5128 North 10th Street 10 11 2013 City State Zip Code Transaction ID: SA11AI.23746 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. contribution Name of Employer Occupation self-employee private investor

75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

250.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	ing the name and address of any political committee	to solicit contributions from such committee.
BORDER HEALTH FEDER	KAL PAC	
Full Name (Last, First, Middle Initial) A. Ms Jessica Porras		Date of Receipt
Mailing Address 5128 North 10th Street		1,1 15 2013
City	State Zip Code	Transaction ID : SA11AI.24094
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employee	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate rear-to-bate ¥	
Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) B. Sergio Preciado		Date of Receipt
Mailing Address 521 E. Bluebird		07 15 _2013 _
City	State Zip Code	Transaction ID : SA11AI.22693
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) C. Sergio Preciado		Date of Receipt
Mailing Address 521 E. Bluebird		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.23008
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (option	nal)	525.00

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or for commercial purposes, other than using t	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) Sergio Preciado Mailian Addusa 504 5 80 4 5 80		Date of Receipt
Mailing Address 521 E. Bluebird		09 13 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23329
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial) Sergio Preciado		Date of Receipt
Mailing Address 521 E. Bluebird		10 11 2013 _
City	State Zip Code	10 11 2013 Transaction ID : SA11Al.23747
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Sergio Preciado	•	Date of Receipt
Mailing Address 521 E. Bluebird		11 152013
City	State Zip Code	Transaction ID : SA11AI.24095
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2750.00	
SUBTOTAL of Receipts This Page (optional).	>	750.00
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TOTAL This Period (last page this line number	er only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Ms Rosalba E. Puenta Mailing Address 1701 N. Ebony		Date of Receipt
City	State Zip Code TX 78577	07 15 2013 Transaction ID : SA11Al.22694 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For:	Occupation private investor	- contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Ms Rosalba E. Puenta Mailing Address 1701 N. Ebony		Date of Receipt
City Pharr	State Zip Code TX 78577	08 09 2013 Transaction ID : SA11AI.23009 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms Rosalba E. Puenta		Date of Receipt
Mailing Address 1701 N. Ebony		09 13 / Y=Y=Y=Y
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.23330 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 275.00	- contribution
SUBTOTAL of Receipts This Page (optional)		75.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Ms Rosalba E. Puenta Mailing Address 1701 N. Ebony City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78577 C Occupation private investor	Date of Receipt 10 11 2013 Transaction ID : SA11AI.23749 Amount of Each Receipt this Period 25.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Ms Rosalba E. Puenta Mailing Address 1701 N. Ebony City Pharr FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78577 C Occupation	Date of Receipt 11 15 2013 Transaction ID: SA11AI.24097 Amount of Each Receipt this Period 25.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Dr. Maria Quinteros Mailing Address 702 South 1st Lane City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt 07 15 2013 Transaction ID : SA11AI.22695 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	100.00
TOTAL This Period (last page this line number	per only)	

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or for commercial purposes, other than using the	ne 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) Dr. Maria Quinteros Mailing Address 702 South 1st Lane	State 7:- C-J-	Date of Receipt M M M / D D / Y D Y D Y D Y D Y D D Y D D D D
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Transaction ID : SA11AI.23010 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Maria Quinteros Mailing Address 702 South 1st Lane City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Maria Quinteros Mailing Address 702 South 1st Lane City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23751 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	150.00
TOTAL This Period (last page this line number	r only)	7

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Maria Quinteros Mailing Address 702 South 1st Lane		Date of Receipt
City McAllen	State Zip Code TX 78501	Transaction ID : SA11Al.24099 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. Ernesto Ramirez Mailing Address P.O.Box 720298		Date of Receipt 07 152013
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.22696 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. Ernesto Ramirez		Date of Receipt
Mailing Address P.O.Box 720298	7. 6	08
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.23011 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 800.00	. contribution
SUBTOTAL of Receipts This Page (optional).	>	250.00
TOTAL This Period (last page this line number	er only)	7 7 7

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Ernesto Ramirez Mailing Address P.O.Box 720298		Date of Receipt
City McAllen	State Zip Code TX 78502	7 Transaction ID : SA11AI.23332 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Ernesto Ramirez Mailing Address P.O.Box 720298		Date of Receipt
City McAllen	State Zip Code TX 78502	Transaction ID : SA11Al.23752 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Ernesto Ramirez		Date of Receipt
Mailing Address P.O.Box 720298		11 15 / Y = Y = Y = Y
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.24100 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1100.00	- contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Samuel Ramirez Mailing Address 5201 N. 10th City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 280.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Samuel Ramirez Mailing Address 5201 N. 10th City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 320.00	Date of Receipt 08 09 2013 Transaction ID: SA11AI.23012 Amount of Each Receipt this Period 40.00 contribution
Full Name (Last, First, Middle Initial) Dr. Samuel Ramirez Mailing Address 5201 N. 10th City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 360.00	Date of Receipt 09 13 2013 Transaction ID : SA11AI.23333 Amount of Each Receipt this Period 40.00 contribution
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb	<u> </u>	120.00

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Dr. Samuel Ramirez Date of Receipt Mailing Address 5201 N. 10th 2013 10 City State Zip Code Transaction ID: SA11AI.23753 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Samuel Ramirez Date of Receipt Mailing Address 5201 N. 10th 11 15 2013 City State Zip Code Transaction ID: SA11AI.24101 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sergio Ramirez Date of Receipt Mailing Address 1608 Woods Drive 07 15 2013 City State Zip Code Transaction ID: SA11AI.22698 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify)

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

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330.00

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or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name (Last, First, Middle Initial) A. Sergio Ramirez		Date of Receipt
Mailing Address 1608 Woods Drive		08 09 2013 _
City	State Zip Code	Transaction ID : SA11AI.23013
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Sergio Ramirez Mailing Address 1608 Woods Drive		Date of Receipt
City	State Zip Code	09 13 2013 Towns 15 17 2014 1 2004
mission	TX 78572	Transaction ID : SA11AI.23334 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Sergio Ramirez		Date of Receipt
Mailing Address 1608 Woods Drive		10 11 2013
City	State Zip Code TX 78572	Transaction ID : SA11AI.23754
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than using the	Statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Sergio Ramirez Mailing Address 1608 Weeds Drive		Date of Receipt
Mailing Address 1608 Woods Drive		11 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.24102
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) Gustavo Ramos		Date of Receipt
Mailing Address 1301 S. Perking		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22699
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physicain	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1301 S. Perking		08 09 2013
City	State Zip Code	08 09 2013 Transaction ID : SA11AI.23014
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physicain	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	<u> </u>	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78501	09 13 2013 Transaction ID : SA11AI.23335 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	300.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physicain Aggregate Year-to-Date ▼ 2300.00	
Full Name (Last, First, Middle Initial) 3. Gustavo Ramos Mailing Address 1301 S. Perking		Date of Receipt 10 11 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.23755 Amount of Each Receipt this Period 300.00
Name of Employer selfemployed Receipt For:	Occupation physicain Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	2600.00	
Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking		Date of Receipt 11 15 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.24103 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physicain Aggregate Year-to-Date ▼ 2900.00	- contribution
SUBTOTAL of Receipts This Page (optional).		900.00
TOTAL This Period (last page this line number	71 OHIN)	

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Detailed Summary Page	X 11a 11b	11c 12
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Keith Ramos Mailing Address P.O. Box 4412 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78502 C Occupation physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt 07 15 2013 Transaction ID : SA11AI.22700 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Keith Ramos Mailing Address P.O. Box 4412 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Keith Ramos Mailing Address P.O. Box 4412 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt 99 13 2013 Transaction ID : SA11AI.23336 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb	<u> </u>	150.00

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Keith Ramos Mailing Address P.O. Box 4412		Date of Receipt
City McAllen	State Zip Code TX 78502	10 11 2013 Transaction ID : SA11AI.23756 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	50.00 contribution
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Keith Ramos Mailing Address P.O. Box 4412		Date of Receipt 11 15 2013
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.24104 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Mr. Mario Rangel		Date of Receipt
Mailing Address 3213 Lance Lot Lane City	State Zip Code	09 13 2013
Edinburg	TX 78539	Transaction ID : SA11AI.23338 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 contribution
Name of Employer selfemployed Receipt For: Primary General	Occupation private investor Aggregate Year-to-Date ▼	- CONTINUED I
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	225.00	125.00
TOTAL This Period (last page this line number	<u> </u>	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Mr. Mario Rangel		Date of Receipt
Mailing Address 3213 Lance Lot Lane		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23758
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane	,	Date of Receipt
City	State Zip Code	Transaction ID : SA11AI.24106
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Ms Soraya Rangel		Date of Receipt
Mailing Address 2010 S. Cynthia Ste 110		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23339
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For: Primary General Other (creative)	Aggregate Year-to-Date ▼ 225.00	
Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optional)	>	75.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Ms Soraya Rangel		Date of Receipt
Mailing Address 2010 S. Cynthia Ste 110		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23759
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms Soraya Rangel	•	Date of Receipt
Mailing Address 2010 S. Cynthia Ste 110		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.24107
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 112 Canary		Date of Receipt 07 15 2013
City	State Zip Code	7 Transaction ID : SA11AI.22704
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	700.00	
SUBTOTAL of Receipts This Page (optional	al)	150.00
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TOTAL This Period (last page this line num	nber only)	

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or for commercial purposes, other than using	ng the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER.	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Shahid Rashid Mailing Address 112 Canary		Date of Receipt
		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.23019
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	- contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Dr. Shahid Rashid		Date of Receipt
Mailing Address 112 Canary		09 13 _2013 _
City	State Zip Code	Transaction ID : SA11Al.23340
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial)		Date of Bassist
Dr. Shahid Rashid Mailing Address 112 Canary		Date of Receipt 10 11 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (option	al)	300.00
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or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Shahid Rashid		Date of Receipt
Mailing Address 112 Canary		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.24108
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	- contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) 3. R.V. Reddy		Date of Receipt
Mailing Address 1500 Southland Drive		07 15 2013
City	State Zip Code TX 78596	Transaction ID : SA11AI.22705
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) C. R.V. Reddy	·	Date of Receipt
Mailing Address 1500 Southland Drive		08 09 2013
City	State Zip Code TX 78596	Transaction ID : SA11AI.23020
weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period 125.00
		contribution
Name of Employer	Occupation	
selfemployed Receipt For:	physician	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line numb		

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14 13 15 16 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) R.V. Reddy Date of Receipt Mailing Address 1500 Southland Drive 2013 13 City State Zip Code Transaction ID: SA11AI.23341 TX 78596 weslaco Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) B. R.V. Reddy Date of Receipt Mailing Address 1500 Southland Drive 10 2013 11 City State Zip Code Transaction ID: SA11AI.23761 TX weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. R.V. Reddy Date of Receipt Mailing Address 1500 Southland Drive M M / 11 15 2013 City State Zip Code Transaction ID: SA11AI.24109 TX weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1375.00 Other (specify)

375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -

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or for commercial purposes, other than using t	he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Vangala Reddy Mailing Address 005 Tulin		Date of Receipt
Mailing Address 605 Tulip		07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.22706
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Nangala Reddy		Date of Receipt
Mailing Address 605 Tulip		08 09 2013 _
City	State Zip Code	08 09 2013 Transaction ID : SA11AI.23021
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) C. Vangala Reddy	•	Date of Receipt
Mailing Address 605 Tulip		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23342
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (optional)		400.00
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TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Vangala Reddy Mailing Address 605 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23762 Amount of Each Receipt this Period 200.00 contribution
Full Name (Last, First, Middle Initial) Vangala Reddy Mailing Address 605 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1300.00	Date of Receipt 11 15 2013 Transaction ID : SA11AI.24110 Amount of Each Receipt this Period 200.00 contribution
Full Name (Last, First, Middle Initial) Dr. Manuel Reinoso Mailing Address 1400 E Ridge suite 7 City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 225.00	Date of Receipt 99 13 2013 Transaction ID : SA11AI.23343 Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (optional)		425.00

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DODDED HEALTH CENEDAL	DAC	to solicit contributions from such committee.
BORDER HEALTH FEDERAL	- PAU	
Full Name (Last, First, Middle Initial) Dr. Manuel Reinoso		Date of Receipt
Mailing Address 1400 E Ridge suite 7		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23763
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Manuel Reinoso		Date of Receipt
Mailing Address 1400 E Ridge suite 7		M = M / D = D / Y = Y = Y
City	State 7in Code	11 15 2013
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.24111
	1/00/03	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) William Restrepo		Date of Receipt
Mailing Address 1117 S. Cynthia		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22708
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
	physician	
selfemployed		—
selfemployed Receipt For:	Aggregate Year-to-Date ▼	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Receipt For:	Aggregate Year-to-Date ▼ 1750.00	
Receipt For: Primary General	1750.00	300.00

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Full Name (Last, First, Middle Initial) William Restrepo Malling Address 1117 S. Cynthia City Full Name (Last, First, Middle Initial) William Restrepo Name of Employer Seleten political committee. City State Zip Code TX 78504 Amount of Each Receipt this Period City State Zip Code Transaction ID : SA11Al.23023 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID : SA11Al.23023 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID : SA11Al.23023 Amount of Each Receipt this Period City State Zip Code Transaction ID : SA11Al.2334 Transaction ID : SA11Al.2334 Transaction ID : SA11Al.2334 Transaction ID : SA11Al.2334 Transaction ID : SA11Al.23344 Transaction ID : SA11Al.23764 Amount of Each Receipt this Period City State Zip Code TX 78504 FEC ID number of contributing tederal political committee. City State Zip Code TX 78504 Transaction ID : SA11Al.23764 Amount of Each Receipt this Period City Transaction ID : SA11Al.23764 Amount of Each Receipt this Period City Transaction ID : SA11Al.23764 Amount of Each Receipt this Period City Transaction ID : SA11Al.23764 Amount of Each Receipt this Period Transaction ID : SA11Al.23764 Transaction ID : SA11Al.23764	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	he name and address of any political committee PAC	to solicit contributions from such committee.
Sull Name (Last, First, Middle Initial) Milliam Restrepo	Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	08 09 2013 Transaction ID: SA11AI.23023 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Moderal Primary Code Transaction ID: SA11AL.23764 Amount of Each Receipt this Period Contribution contribution	Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	09 13 2013 Transaction ID: SA11Al.23344 Amount of Each Receipt this Period 250.00
Mailing Address 1117 S. Cynthia City	selfemployed Receipt For: Primary General	physician Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	10 11 2013 Transaction ID: SA11AI.23764 Amount of Each Receipt this Period 250.00
F	SUBTOTAL of Receipts This Page (optional).		750.00

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

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia		Date of Receipt
City mcallen	State Zip Code TX 78504	11 15 2013 Transaction ID : SA11AI.24112 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For:	Occupation physician	Commodit
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Dr. Anna Reyes Mailing Address 320 North 7th Street		Date of Receipt 07 15 2013
City McAllen	State Zip Code TX 78501	7 15 2013 Transaction ID : SA11Al.22709 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Anna Reyes		Date of Receipt
Mailing Address 320 North 7th Street	Oberts Transfer of the Control of th	08 09 2013
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.23024 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	- contribution
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	L PAC	
Full Name (Last, First, Middle Initial) Dr. Anna Reyes Mailing Address 320 North 7th Street		Date of Receipt
	State 7in Code	09 13 2013
City McAllen	State Zip Code TX 78501	Transaction ID : SA11Al.23345 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. Anna Reyes Mailing Address 320 North 7th Street	<u> </u>	Date of Receipt
Mailing Address 320 North 7th Street City McAllen	State Zip Code TX 78501	10 11 2013 Transaction ID : SA11AI.23765 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	- Sommission
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Anna Reyes		Date of Receipt
Mailing Address 320 North 7th Street		11 15 2013
City McAllen	State Zip Code TX 78501	Transaction ID : SA11Al.24113 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)	•	150.00
TOTAL This Period (last page this line numb	per only)	

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e name and address of any political committee to	solicit contributions from such committee.
PAC	
State Zip Code TX 78550 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 07 15 2013 Transaction ID : SA11AI.22710 Amount of Each Receipt this Period 125.00 contribution
State Zip Code TX 78550 C Occupation physician Aggregate Year-to-Date ▼ 875.00	Date of Receipt 08 09 2013 Transaction ID : SA11Al.23025 Amount of Each Receipt this Period 125.00 contribution
State Zip Code TX 78550 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 99 13 2013 Transaction ID : SA11AI.23346 Amount of Each Receipt this Period 125.00 contribution
>	375.00
	State Zip Code TX 78550 C Occupation physician Aggregate Year-to-Date ▼ State Zip Code TX 78550 C Occupation physician Aggregate Year-to-Date ▼ State Zip Code TX 78550 C Occupation physician Aggregate Year-to-Date ▼ State Zip Code TX 78550 C Occupation physician Aggregate Year-to-Date ▼ 1000.00

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Mihaela Ringheanu Mailing Address 3214 Banyan Circle City Harlingen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78550 C Occupation physician Aggregate Year-to-Date ▼ 1125.00	Date of Receipt 10 11 2013 Transaction ID: SA11Al.23766 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Dr. Mihaela Ringheanu Mailing Address 3214 Banyan Circle City Harlingen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78550 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt 11 15 2013 Transaction ID : SA11Al.24114 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22711 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	····	500.00
TOTAL This Period (last page this line numb	er only)	

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

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or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston		Date of Receipt
City mcallen	State Zip Code TX 78501	08 09 2013 Transaction ID : SA11AI.23026 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.23347 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston	, 2230,00	Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.23767 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼	contribution
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number	<u> </u>	750.00
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston		Date of Receipt
City	State Zip Code TX 78501	11 15 2013 Transaction ID : SA11AI.24115
mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia		Date of Receipt 07 152013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.22712 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physcian	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Benjamin Robalino		Date of Receipt
Mailing Address 1217 S. Cynthia		08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.23027 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physcian Aggregate Year-to-Date ▼ 2000.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 354 OF 479 Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia City mcallen	State Zip Code TX 78501	Date of Receipt 09 13 2013 Transaction ID : SA11AI.23348 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	Occupation physcian Aggregate Year-to-Date ▼ 2250.00	250.00 contribution
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physcian Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23768 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physcian Aggregate Year-to-Date ▼ 2750.00	Date of Receipt 11 15 2013 Transaction ID: SA11Al.24116 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	er only)	

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or for commercial purposes, other than using	and Statements may not be sold or used by any peling the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Mr. Martin Rocha Mailing Address P.O. Box 662		Date of Receipt
City	State Zip Code	07 15 2013 Transaction ID : SA11AI.22713
Santa Rosa	TX 78593	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. Mr. Martin Rocha		Date of Receipt
Mailing Address P.O. Box 662		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	08 09 2013 Transaction ID : SA11AI.23028
Santa Rosa	TX 78593	Transaction ID : SA11AI.23028 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) C. Mr. Martin Rocha		Date of Receipt
Mailing Address P.O. Box 662		09 13 2013
City Santa Rosa	State Zip Code TX 78593	Transaction ID : SA11AI.23349 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (option	nal)	150.00
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TOTAL This Period (last page this line nu	ımber only)	1

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Mr. Martin Rocha Mailing Address P.O. Box 662	Date of Receipt	
City Santa Rosa FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78593 C Occupation private investor Aggregate Year-to-Date ▼ 500.00	Transaction ID: SA11AI.23769 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Mr. Martin Rocha Mailing Address P.O. Box 662 City	State Zip Code	Date of Receipt 11 15 2013
Santa Rosa FEC ID number of contributing federal political committee.	TX 78593	Transaction ID : SA11AI.24117 Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 550.00	- contribution
Full Name (Last, First, Middle Initial) Dr. Ofelia Rodriguez Mailing Address 112 E. Xenops City	State Zip Code	Date of Receipt 07 15 2013 Transaction ID: SA11Al.22715
McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 50.00 contribution
Other (specify) ▼	350.00	150.00
TOTAL This Period (last page this line number	per only)	

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NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.		
BORDER HEALTH FEDERAL	- PAC			
Full Name (Last, First, Middle Initial) Dr. Ofelia Rodriguez	Date of Receipt			
Mailing Address 112 E. Xenops	08 09 2013			
City	State Zip Code	Transaction ID : SA11AI.23030		
McAllen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼	_		
Primary General	Aggregate real-to-Date •			
Other (specify) ▼	400.00			
Full Name (Last, First, Middle Initial) B. Dr. Ofelia Rodriguez		Date of Receipt		
Mailing Address 112 E. Xenops		09 13 2013 _		
City	State Zip Code	Transaction ID : SA11AI.23351		
McAllen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.0		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼	7		
Primary General Other (specify) ▼	450.00			
Full Name (Last, First, Middle Initial) Dr. Ofelia Rodriguez		Date of Receipt		
Mailing Address 112 E. Xenops		10 11 2013		
City	State Zip Code	Transaction ID : SA11AI.23772		
McAllen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	500.00			
SUBTOTAL of Receipts This Page (optional).		150.00		
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC					
Full Name (Last, First, Middle Initial) Dr. Ofelia Rodriguez Mailing Address 112 E. Xenops	Dr. Ofelia Rodriguez					
		11 15 / Y = Y = Y = Y				
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.24119				
McAllen F.C. ID association of a social field in a	70004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	550.00					
Other (specify)	550.00					
Full Name (Last, First, Middle Initial) 3. Dr. Sergio Rodriguez		Date of Receipt				
Mailing Address 6105 N. 3rd		1.1 1.5 2.013 _				
City	State Zip Code	Transaction ID : SA11AI.24120				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing	0					
federal political committee.	C	92.36				
Name of Employer	Occupation	contribution				
Self employed	physician					
Receipt For:	Aggregate Year-to-Date ▼	_				
Primary General	0.0					
Other (specify) ▼	250.26					
Full Name (Last, First, Middle Initial) Dr. Edgar Rodriguez	<u> </u>	Date of Receipt				
Mailing Address 815 Crown Circle		M = M / D = D / Y = Y = Y				
City	State Zip Code	07 15 2013 Transaction ID : SA11AI.22716				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	contribution				
selfemployed	physician	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	350.00					
	330.00					
SUBTOTAL of Receipts This Page (option	nal)	192.36				
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TOTAL This Period (last page this line null	mber only)					

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	Statements may not be sold or used by any persone name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	· ·					
Full Name (Last, First, Middle Initial) Dr. Edgar Rodriquez		Date of Receipt				
Mailing Address 815 Crown Circle						
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11Al.23031 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	- contribution				
Full Name (Last, First, Middle Initial) Dr. Edgar Rodriquez Mailing Address 815 Crown Circle		Date of Receipt				
City Edinburg	State Zip Code TX 78539	7				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Dr. Edgar Rodriquez		Date of Receipt				
Mailing Address 815 Crown Circle	10 11 2013					
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.23774 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer selfemployed	Occupation physician	- contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00					
SUBTOTAL of Receipts This Page (optional)		250.00				
TOTAL This Period (last page this line numbe	<u>·</u>					

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Dr. Edgar Rodriquez Mailing Address 815 Crown Circle		Date of Receipt
		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.24121
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
	700.00	
Full Name (Last, First, Middle Initial) 3. Ms Emma rose Romero		Date of Receipt
Mailing Address 1501 Mercado Street		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.24122
Mission	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) C. Dr. Henry E. Ruiz		Date of Receipt
Mailing Address 208 W. Pelician		07 15 2013
City	State Zip Code TX 78504	Transaction ID : SA11AI.22718
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional).		270.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC			
Full Name (Last, First, Middle Initial) A. Dr. Henry E. Ruiz Mailing Address 208 W. Pelician		Date of Receipt		
City	State Zip Code	08 09 2013 Transaction ID : SA11AI.23033		
Mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period		
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 900.00	contribution		
Full Name (Last, First, Middle Initial) Dr. Henry E. Ruiz Mailing Address 208 W. Pelician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.23354 Amount of Each Receipt this Period 150.00 contribution		
Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1050.00	Contribution		
Full Name (Last, First, Middle Initial) Dr. Henry E. Ruiz Mailing Address 208 W. Pelician City	State Zip Code	Date of Receipt 10 11 2013 Transaction ID: SA11Al.23776		
Mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period		
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1200.00	contribution		
SUBTOTAL of Receipts This Page (optional)	•	450.00		
TOTAL This Period (last page this line number	only)			

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

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC			
Full Name (Last, First, Middle Initial) Dr. Henry E. Ruiz Mailing Address 208 W. Pelician		Date of Receipt		
City	State Zip Code	11 15 2013 Transaction ID : SA11AI.24123		
Mcallen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	150.00		
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00			
Full Name (Last, First, Middle Initial) 3. Dr. Robert Ruiz Mailing Address 2524 James		Date of Receipt		
Mailing Address 2524 James City Edinburg	State Zip Code TX 78539	07 15 2013 Transaction ID : SA11Al.22719 Amount of Each Posciet this Period		
FEC ID number of contributing federal political committee.	C 78539	Amount of Each Receipt this Period 50.00		
Name of Employer self-employee	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			
Full Name (Last, First, Middle Initial) Dr. Robert Ruiz		Date of Receipt		
Mailing Address 2524 James		08 09 2013		
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.23034 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer self-employee	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			
SUBTOTAL of Receipts This Page (optional)	>	250.00		
TOTAL This Period (last page this line number of	only)			

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	ng the name and address of any political committee					
BORDER HEALTH FEDER	AL PAC					
Full Name (Last, First, Middle Initial) Dr. Robert Ruiz	Dr. Robert Ruiz					
Mailing Address 2524 James		09 13 2013				
City	State Zip Code	Transaction ID : SA11AI.23355				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	contribution				
self-employee	physician					
Receipt For:	Aggregate Year-to-Date ▼]				
Primary General Other (specify) ▼	450.00					
Full Name (Last, First, Middle Initial) Dr. Robert Ruiz		Date of Receipt				
Mailing Address 2524 James		10 11 2013				
City	State Zip Code	Transaction ID : SA11AI.23777				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	contribution					
self-employee	physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial)						
Dr. Robert Ruiz		Date of Receipt				
Mailing Address 2524 James City	State Zip Code	11 15 2013				
Edinburg	TX 78539	Transaction ID : SA11AI.24124 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	_ contribution				
self-employee	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	550.00					
SUBTOTAL of Receipts This Page (option	nal)	150.00				
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\setminus	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC			
Α.	Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor		Date of Receipt		
	City mcallen	07 15 2013 Transaction ID : SA11AI.22720			
	FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 75.00		
	Name of Employer self-employed Receipt For: Primary General	Occupation private investor Aggregate Year-to-Date ▼	contribution		
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Paulette Saca	525.00	Date of Receipt		
	Mailing Address 109 Condor City mcallen	State Zip Code TX 78504	08 09 2013 Transaction ID : SA11AI.23035 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	75.00 contribution		
	self-employed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 600.00			
C.	Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor City	State Zip Code	Date of Receipt 09 13 2013 Transaction ID: SA11AI.23356		
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 75.00		
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 675.00	contribution		
s	UBTOTAL of Receipts This Page (optional)	····	225.00		
Т	OTAL This Period (last page this line number of	only)			

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor		Date of Receipt			
City mcallen	State Zip Code TX 78504	10 11 2013 Transaction ID : SA11Al.23779 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 75.00			
Name of Employer self-employed	Occupation private investor	- contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00				
Full Name (Last, First, Middle Initial) 3. Paulette Saca Mailing Address 109 Condor		Date of Receipt			
City mcallen	State Zip Code TX 78504	11 15 2013 Transaction ID : SA11AI.24126			
FEC ID number of contributing federal political committee.	C 78504	Amount of Each Receipt this Period 75.00			
Name of Employer self-employed	Occupation private investor	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00				
Full Name (Last, First, Middle Initial) Javier Saenz		Date of Receipt			
Mailing Address 2308 Monaco Drive		07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.22721 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2800.00	- contribution			
SUBTOTAL of Receipts This Page (optional)		550.00			
TOTAL This Period (last page this line number	r only)				

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or for commercial purposes, other than using the	ne 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) Javier Saenz Mailing Address 2308 Monaco Drive		Date of Receipt
City mission	State Zip Code TX 78574	08 09 2013 Transaction ID : SA11AI.23036 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial) 3. Javier Saenz Mailing Address 2308 Monaco Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.23357 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3600.00	- contribution
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive		Date of Receipt 10 11 2013
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.23780 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 4000.00	contribution
SUBTOTAL of Receipts This Page (optional)	•	1200.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using the	e 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) Javier Saenz Mailing Address 2308 Monaco Drive		Date of Receipt
City	State Zip Code TX 78574	11 15 2013 Transaction ID : SA11AI.24127 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	400.00 contribution
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 4400.00	
Full Name (Last, First, Middle Initial) 3. JJ Saenz Mailing Address 2400 S.E. Augusta Square		Date of Receipt 07 15 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.22722 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1750.00	contribution
Full Name (Last, First, Middle Initial) J Saenz Mailing Address 2400 S.E. Augusta Square		Date of Receipt 08 09 2013
City mcallen FEC ID number of contributing	State Zip Code TX 78503	Transaction ID : SA11AI.23037 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼	contribution
SUBTOTAL of Receipts This Page (optional)	>	900.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) JJ Saenz Mailing Address 2400 S.E. Augusta Square		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78503	09 13 2013 Transaction ID : SA11AI.23358 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) 3. JJ Saenz Mailing Address 2400 S.E. Augusta Square		Date of Receipt 10 11 2013
City mcallen FEC ID number of contributing	State Zip Code TX 78503	Transaction ID : SA11AI.23781 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) JJ Saenz Mailing Address 2400 S.E. Augusta Square		Date of Receipt
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.24128 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	2750.00	750.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Date of Receipt 07
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2800.00	- contribution
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 3200.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 3600.00	Date of Receipt 09 13 2013 Transaction ID: SA11Al.23359 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1200.00
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 4000.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23782 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78503 C Occupation private investor	Date of Receipt 11 15 2013 Transaction ID: SA11AI.24129 Amount of Each Receipt this Period 400.00 contribution
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 4400.00	
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 07
SUBTOTAL of Receipts This Page (optional)		1050.00

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop	Stoto 7:- O-d-	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General ○ Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Transaction ID : SA11AI.23039 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt 09 13 2013 Transaction ID : SA11AI.23360 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23783 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop		Date of Receipt 11 15 2013
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.24130 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00	contribution
Full Name (Last, First, Middle Initial) Dr. Leonardo Salcedo Mailing Address 5409 N. 1st Street City	State Zip Code	Date of Receipt 07 15 2013
McAllen FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.22725 Amount of Each Receipt this Period 50.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 350.00	contribution
Full Name (Last, First, Middle Initial) Dr. Leonardo Salcedo Mailing Address 5409 N. 1st Street City	State Zip Code	Date of Receipt M = M / D = D / Y = Y = Y Y = Y = Y Y = Y = Y Y = Y =
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX 78504 C Occupation	Amount of Each Receipt this Period 50.00 contribution
self-employee Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	350.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Dr. Leonardo Salcedo Mailing Address 5409 N. 1st Street		Date of Receipt
City	State Zip Code	09 13 2013 Transaction ID - SA44AL 23364
McAllen	TX 78504	Transaction ID : SA11AI.23361 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. Leonardo Salcedo Mailing Address 5400 N. 444 Street		Date of Receipt
Mailing Address 5409 N. 1st Street City	State Zip Code	10 11 2013 Transaction ID : SA11Al.23784
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Leonardo Salcedo		Date of Receipt
Mailing Address 5409 N. 1st Street		11 15 _ 2013 _
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.24131 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)		150.00
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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.		
BORDER HEALTH FEDERA	AL PAC			
Full Name (Last, First, Middle Initial) Dr. Benjamin Salinas		Date of Receipt		
Mailing Address 801 W. 2th		11 15 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y		
City	State Zip Code	Transaction ID : SA11AI.24132		
Mercedes	TX 78578	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	contribution		
Self employed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General	Aggregate real to bate ¥			
Other (specify) ▼	300.00			
Full Name (Last, First, Middle Initial) B. Dr. Mariano Salinas		Date of Receipt		
Mailing Address 2203 Red River		07 15 2013		
City	State Zip Code	Transaction ID : SA11AI.22726		
mission	TX 78572	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	700.00			
Full Name (Last, First, Middle Initial) Dr. Mariano Salinas	I .	Date of Receipt		
Mailing Address 2203 Red River		08 09 2013		
City	State Zip Code	7 Transaction ID : SA11AI.23041		
mission	TX 78572	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Name of Employer Occupation			
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	800.00			
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NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.		
BORDER HEALTH FEDERA	AL PAC			
Full Name (Last, First, Middle Initial) Dr. Mariano Salinas		Date of Receipt		
Mailing Address 2203 Red River		09 13 2013		
City	State Zip Code	Transaction ID : SA11AI.23362		
mission	TX 78572	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General	Aggregate real to-Date ¥			
Other (specify) ▼	900.00			
Full Name (Last, First, Middle Initial) Dr. Mariano Salinas	·	Date of Receipt		
Mailing Address 2203 Red River		10 11 _2013 _		
City	State Zip Code	Transaction ID : SA11AI.23786		
mission	TX 78572	Amount of Each Receipt this Period		
FEC ID number of contributing				
federal political committee.	C	100.00		
Name of Employer				
selfemployed	Occupation	contribution		
Receipt For:	physician			
Primary General	Aggregate Year-to-Date ▼			
Other (specify) ▼	1000.00			
Full Name (Last, First, Middle Initial) Dr. Mariano Salinas	l	Date of Receipt		
Mailing Address 2203 Red River		M = M / D = D / Y = Y = Y		
City	State Zip Code	11 15 2013		
mission	TX 78572	Transaction ID : SA11AI.24133		
		Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	1100.00			
SUBTOTAL of Receipts This Page (options	al)	300.00		
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Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 875.00	Date of Receipt M M J J J J J J J J J J J J J J J J J
Full Name (Last, First, Middle Initial) B. Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 08 09 2013 Transaction ID : SA11AI.23042 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 1125.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional).	<u> </u>	375.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 377 OF 479 Use separate schedule(s) for each category of the Detailed Summary Page

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or	for commercial purposes, other than using the	name and address of any political committee to	
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez		Date of Receipt
	Mailing Address 3509 N. Glasscock	10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.23787 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
В.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509		Date of Receipt
	N. Glasscock City	State Zip Code	11 15 2013 Transaction ID : SA11AI.24134
	Mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 125.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	
c.	Full Name (Last, First, Middle Initial) Manuel Sanchez		Date of Receipt
	Mailing Address 2804 Santa Lydia		07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mission	State Zip Code TX 78572	Transaction ID : SA11AI.22728 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
S	UBTOTAL of Receipts This Page (optional)		350.00
Т	OTAL This Period (last page this line number of	only)	

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

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or for commercial purposes, other than using the	ne 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) Manuel Sanchez Mailing Address 2804 Santa Lydia		Date of Receipt
City mission	State Zip Code TX 78572	08 09 2013 Transaction ID : SA11AI.23043 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Manuel Sanchez	800.00	Date of Receipt
Mailing Address 2804 Santa Lydia City mission	State Zip Code TX 78572	09 13 2013 Transaction ID : SA11Al.23364 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 900.00	Contribution
Full Name (Last, First, Middle Initial) Manuel Sanchez Mailing Address 2804 Santa Lydia		Date of Receipt
City mission	State Zip Code TX 78572	10 11 2013 Transaction ID : SA11AI.23788 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	Contribution
SUBTOTAL of Receipts This Page (optional)	—	300.00
TOTAL This Period (last page this line numbe	r only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Manuel Sanchez Mailing Address 2804 Santa Lydia		Date of Receipt
City mission	State Zip Code TX 78572	11 15 2013 Transaction ID : SA11Al.24135 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868		Date of Receipt
City McAllen	State Zip Code TX 78503	07 15 2013 Transaction ID : SA11AI.22729 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez		Date of Receipt
Mailing Address P.O. Box 1868	0000	08 09 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.23044 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2000.00	- contribution
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line numbe	r only)	

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

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868		Date of Receipt
City McAllen	State Zip Code TX 78503	09 13 2013 Transaction ID : SA11AI.23365 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For:	Occupation private investor Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868		Date of Receipt
City McAllen	State Zip Code TX 78503	10 11 2013 Transaction ID : SA11AI.23789 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez		Date of Receipt
Mailing Address P.O. Box 1868	0	11 15 2013
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.24136 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2750.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Ms Elena Santoy Mailing Address 416 N. 17th Street City Donna FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78537 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 07 15 2013 Transaction ID: SA11Al.22730 Amount of Each Receipt this Period 50.00 contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial)	350.00	
Ms Elena Santoy Mailing Address 416 N. 17th Street City Donna FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78537 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 08 09 2013 Transaction ID : SA11AI.23045 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Ms Elena Santoy Mailing Address 416 N. 17th Street City Donna FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78537 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		150.00

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Ms Elena Santoy Mailing Address 416 N. 17th Street		Date of Receipt
City Donna	State Zip Code TX 78537	10 11 2013 Transaction ID : SA11AI.23791 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms Elena Santoy Mailing Address 416 N. 17th Street		Date of Receipt 11 15 2013
City Donna	State Zip Code TX 78537	Transaction ID : SA11Al.24138 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. Manuel Seas		Date of Receipt
Mailing Address 5714 N. 6th Street		07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.22731 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 210.00	- contribution
SUBTOTAL of Receipts This Page (optional)	>	130.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne 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) Dr. Manuel Seas Mailing Address 5714 N. 6th Street City	State Zip Code	Date of Receipt 08 09 2013 Transaction ID: SA11AI.23046
McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 240.00	Amount of Each Receipt this Period 30.00 contribution
Full Name (Last, First, Middle Initial) Dr. Manuel Seas Mailing Address 5714 N. 6th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 270.00	Date of Receipt 99 13 2013 Transaction ID: SA11AI.23367 Amount of Each Receipt this Period 30.00 contribution
Full Name (Last, First, Middle Initial) Dr. Manuel Seas Mailing Address 5714 N. 6th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23792 Amount of Each Receipt this Period 30.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	90.00
TOTAL This Period (last page this line numbe	r only)	

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			PAGE	3	84 OF	•	479		
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Dr. Manuel Seas Mailing Address 5714 N. 6th Street		Date of Receipt 11 15 2013
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.24139 Amount of Each Receipt this Period 30.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 330.00	contribution
Full Name (Last, First, Middle Initial) Michael Seiba Mailing Address P. O. Box 4556	Choto 7'- O-d-	Date of Receipt 07 15 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.22732 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Michael Seiba Mailing Address P. O. Box 4556		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code TX 78502 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Transaction ID: SA11AI.23047 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	.	530.00
TOTAL This Period (last page this line number	r only)	

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	g the name and address of any political committee	
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell		Date of Receipt 07 15 2013
City McAllen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Transaction ID : SA11AI.22733 Amount of Each Receipt this Period 100.00 contribution
self-employee Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 700.00	_
Full Name (Last, First, Middle Initial) 3. Dr. Samuel Serna Mailing Address 125 E. Cornell		Date of Receipt 08 09 2013
City McAllen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.23048 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employee Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼	contribution
Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt 09 13 2013 Transaction ID: SA11Al.23369 Amount of Each Receipt this Period
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 900.00	contribution
SUBTOTAL of Receipts This Page (optional	al)	300.00
TOTAL This Period (last page this line nun	nber only)	

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or		name and address of any political committee to	
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell		Date of Receipt
	City	State Zip Code TX 78504	10 11 2013 Transaction ID : SA11AI.23793
	McAllen FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer self-employee Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
	Primary General Other (specify) ▼	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell		Date of Receipt 1.1 15 2013
	City McAllen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.24140 Amount of Each Receipt this Period
	federal political committee. Name of Employer self-employee	Occupation	100.00 contribution
	Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1100.00	
c.	T-		Date of Receipt
	Mailing Address 4000 Burns Drive City	State Zip Code	07 15 2013
	mcallen FEC ID number of contributing	TX 78503	Transaction ID : SA11AI.22734 Amount of Each Receipt this Period
	federal political committee.	C	400.00 contribution
	Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2800.00	
S	UBTOTAL of Receipts This Page (optional)	<u></u>	600.00
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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Date of Receipt 08 09 2013 Transaction ID : SA11AI.23049 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3200.00	- contribution
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City	State Zip Code	Date of Receipt 09 13 2013
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	TX 78503 C Occupation physician	Transaction ID : SA11AI.23370 Amount of Each Receipt this Period 400.00 contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen	State Zip Code TX 78503	Date of Receipt 10 11 2013 Transaction ID: SA11Al.23795
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	C Occupation physician Aggregate Year-to-Date ▼ 4000.00	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	r only)	

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Full Name (Lock First Middle total)	L PAC	
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive	Chata 7: Onda	Date of Receipt 11 15 2013
City	State Zip Code TX 78503	Transaction ID : SA11AI.24142
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggrogato Total to Date 4	
Other (specify) ▼	4400.00	
Full Name (Last, First, Middle Initial) . Dr. Herschel Siberman		Date of Receipt
Mailing Address 609 Tulip		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	07 15 2013 Transaction ID : SA11Al.22735
McAllen	TX 78504	Amount of Each Receipt this Period
		Amount of Lacif necespt this relicu
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)		
Dr. Herschel Siberman		Date of Receipt
Mailing Address 609 Tulip		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.23050
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
	Aggregate Year-to-Date ▼	
Receipt For:	30 0	1
Receipt For: Primary General		
Receipt For:	400.00	
Receipt For: Primary General		500.00

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	the name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC			
Full Name (Last, First, Middle Initial) A. Dr. Herschel Siberman Mailing Address 609 Tulip		Date of Receipt		
City McAllen	State Zip Code TX 78504	7		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer selfemployed Receipt For:	Occupation physician	- contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			
Full Name (Last, First, Middle Initial) Dr. Herschel Siberman Mailing Address 609 Tulip		Date of Receipt		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.23796 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer selfemployed	Occupation physician	- contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Dr. Herschel Siberman		Date of Receipt		
Mailing Address 609 Tulip	Ctata 7:- O-d-	11 15 2013		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.24143 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 550.00	contribution		
SUBTOTAL of Receipts This Page (optional).	>	150.00		
TOTAL This Period (last page this line number	er only)			

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dennis Slavin Mailing Address 1501 S. Oklahoma		Date of Receipt
City	State Zip Code	07 15 2013 Transaction ID : SA11AI.22736
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	- contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) 3. Dennis Slavin Mailing Address 1501 S. Oklahoma		Date of Receipt
		08 09 2013
City	State Zip Code TX 78596	Transaction ID : SA11AI.23051
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Dennis Slavin		Date of Receipt
Mailing Address 1501 S. Oklahoma		09 13 2013
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.23372 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (optional).	>	300.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dennis Slavin Mailing Address 1501 S. Oklahoma		Date of Receipt 10 11 2013
City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Transaction ID : SA11AI.23799 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dennis Slavin Mailing Address 1501 S. Oklahoma City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 1100.00	Date of Receipt 11 15 2013 Transaction ID: SA11AI.24146 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Hilda Solis Mailing Address P.O.Box 3302 City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation private investor Aggregate Year-to-Date ▼ 225.00	Date of Receipt 99 13 2013 Transaction ID: SA11AI.23373 Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	225.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	he 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) Hilda Solis Mailing Address P.O.Box 3302		Date of Receipt
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.23800 Amount of Each Receipt this Period 25.00
Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 250.00	contribution
Full Name (Last, First, Middle Initial) Hilda Solis Mailing Address P.O.Box 3302 City	State Zip Code	Date of Receipt 11 15 2013
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX 78502	Transaction ID : SA11AI.24147 Amount of Each Receipt this Period 25.00 contribution
Self employed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet City	State Zip Code	Date of Receipt 07 15 2013 Transaction ID: SA11Al.22738
Mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 150.00 contribution
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1050.00	
SUBTOTAL of Receipts This Page (optional)		200.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet		Date of Receipt
City Mcallen	State Zip Code TX 78501	08 09 2013 Transaction ID : SA11AI.23053 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	150.00 contribution
self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.23374 Amount of Each Receipt this Period 150.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1350.00	- contribution
Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet		Date of Receipt 10 11 2013
City Mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.23801 Amount of Each Receipt this Period 150.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼	contribution
		450.00
TOTAL This Period (last page this line numb	er only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet		Date of Receipt
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11Al.24148 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbriar		Date of Receipt 07 15 2013
City McAllen	State Zip Code TX 78502	7 15 2013 Transaction ID : SA11Al.22739 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employee	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	
Full Name (Last, First, Middle Initial) Dr. Hector Soto		Date of Receipt
Mailing Address 101 South Greenbriar		08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.23054 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3200.00	- contribution
SUBTOTAL of Receipts This Page (optional)		950.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using th	e 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) Dr. Hector Soto Mailing Address 101 South Greenbriar		Date of Receipt
City McAllen	State Zip Code TX 78502	09 13 2013 Transaction ID : SA11AI.23375 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbriar	State 7:2 C-d-	Date of Receipt 10 11 2013
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.23802 Amount of Each Receipt this Period 400.00
Name of Employer self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 4000.00	contribution
Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbriar		Date of Receipt 11 15 2013
City McAllen FEC ID number of contributing	State Zip Code TX 78502	Transaction ID : SA11AI.24149 Amount of Each Receipt this Period 400.00
federal political committee. Name of Employer self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 4400.00	contribution
SUBTOTAL of Receipts This Page (optional)	•	1200.00
TOTAL This Period (last page this line number	r only)	

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Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Nelson Spinetti Mailing Address 2707 Cornerstone Blvd		Date of Receipt
		11 15 2013
City	State Zip Code TX 78539	Transaction ID : SA11AI.24150
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	contribution
selfemployed	self-employee physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) 3. Dr. Nanjappa Sreenivas		Date of Receipt
Mailing Address 2610 Emerald Lake Drive		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23377
Harlingen	TX 78550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) Dr. Nanjappa Sreenivas		Date of Receipt
Mailing Address 2610 Emerald Lake Drive		10 11 2013
City Harlingen	State Zip Code TX 78550	Transaction ID : SA11AI.23804
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	25.00 contribution
Name of Employer	Occupation	CO.M. Dullott
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		70.00
TOTAL This Period (last page this line number	<u>·</u> _	

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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) Dr. Nanjappa Sreenivas Date of Receipt Mailing Address 2610 Emerald Lake Drive 2013 11 15 City State Zip Code Transaction ID : SA11AI.24151 TX Harlingen 78550 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Raul Sustaita Date of Receipt Mailing Address 1602 Scobey 09 13 2013 City State Zip Code Transaction ID: SA11AI.23378 TX Donna 78537 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify)

Full Name (Last, First, Middle Initial) c. Mr. Raul Sustaita Date of Receipt Mailing Address 1602 Scobey 10 11 2013 Zip Code City State Transaction ID: SA11AI.23805 TX Donna 78537 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	I		7	Ī	I	7	I		75.00	0	
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Mr. Raul Sustaita Mailing Address 1602 Scobey	State 7in Codo	Date of Receipt 11 15 2013
City Donna FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) The self of	State Zip Code TX 78537 C Occupation private investor Aggregate Year-to-Date ▼ 275.00	Transaction ID : SA11AI.24152 Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Dr. Jyothi Swarup Mailing Address 8109 N. 1st Street City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 700.00	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22743 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Jyothi Swarup Mailing Address 8109 N. 1st Street City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 08 09 2013 Transaction ID: SA11AI.23058 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	225.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Jyothi Swarup Mailing Address 8109 N. 1st Street		Date of Receipt
City McAllen	State Zip Code TX 78504	7 Transaction ID : SA11AI.23379 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Jyothi Swarup Mailing Address 8109 N. 1st Street		Date of Receipt 10 11 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11Al.23806 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Jyothi Swarup	·	Date of Receipt
Mailing Address 8109 N. 1st Street		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.24153 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1100.00	- contribution
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	r only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Dr. Wilson Sy Date of Receipt Mailing Address 6724 N.Cynthia 07 2013 15 City State Zip Code Transaction ID: SA11AI.22744 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Wilson Sy Date of Receipt Mailing Address 6724 N.Cynthia 08 09 2013 City State Zip Code Transaction ID: SA11AI.23059 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Wilson Sy Date of Receipt Mailing Address 6724 N.Cynthia 09 13 2013 City State Zip Code Transaction ID: SA11AI.23380 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 75.00

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or used by any person for the purpose of soliciting contributions									

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dr. Wilson Sy Mailing Address 6724 N.Cynthia		Date of Receipt
City McAllen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.23807 Amount of Each Receipt this Period 25.00
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 375.00	contribution
Full Name (Last, First, Middle Initial) Dr. Wilson Sy Mailing Address 6724 N.Cynthia City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID: SA11Al.24154
McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78504 C Occupation physician	Amount of Each Receipt this Period 25.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Ms Norma Tehran Mailing Address 1616 Oaks Road City	State Zip Code	Date of Receipt 09 13 2013 Transaction ID: SA11Al.23381
Edinburg FEC ID number of contributing federal political committee. Name of Employer	TX 78539 C Occupation	Amount of Each Receipt this Period 25.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)	>	75.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Ms Norma Tehran		Date of Receipt
Mailing Address 1616 Oaks Road		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23808
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms Norma Tehran		Date of Receipt
Mailing Address 1616 Oaks Road		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.24155
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	25.00
Name of Employer	Occupation	contribution
Name of Employer selfemployed	Occupation	
Receipt For:	private investor	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 3012 Laurie Lane		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22746
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1750.00	1
Other (specify) ▼	1750.00	
SUBTOTAL of Receipts This Page (optional	1)	300.00
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TOTAL This Period (last page this line num	nber only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee - PAC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Alejandro Tey Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23809 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional).		750.00

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane		Date of Receipt
	Old Track	11 15 2013
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.24156
Edinburg	10008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) 3. Ms Erica Tijerina		Date of Receipt
Mailing Address 1202 South Gumwood		M = M / D = D / Y = Y = Y
City	State Zip Code	11 15 2013 Transaction ID : SA11Al 24157
Pharr	TX 78577	Transaction ID : SA11AI.24157 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	20.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial)		
Dr. Jimmy Tiu		Date of Receipt
Mailing Address 7700 N. Cynthia		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23384
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	225.00	
Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (ontional)	295.00
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Detailed Summary Page 14 13 15 16 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) Dr. Jimmy Tiu Date of Receipt Mailing Address 7700 N. Cynthia 2013 10 City State Zip Code Transaction ID: SA11AI.23811 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jimmy Tiu Date of Receipt Mailing Address 7700 N. Cvnthia 11 15 2013 City State Zip Code Transaction ID: SA11AI.24158 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jose Trejo Date of Receipt Mailing Address 112 S. Broadway 07 15 2013 City State Zip Code Transaction ID: SA11AI.22749 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway		Date of Receipt
City	State Zip Code	08 09 2013 Transaction ID : SA11Al.23064
mcallen FEC ID number of contributing	TX 78501	Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	contribution
self-employed Receipt For:	private investor Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway		Date of Receipt
City	State Zip Code	09 13 2013 Transaction ID : SA11AI.23385
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Jose Trejo		Date of Receipt
Mailing Address 112 S. Broadway		10 11 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.23812 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	and Statements may not be sold or used by any peng the name and address of any political committee							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial) A. Jose Trejo	Jose Trejo							
Mailing Address 112 S. Broadway		11 15 2013						
City	State Zip Code	Transaction ID : SA11AI.24159						
mcallen	TX 78501	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer	Occupation	contribution						
self-employed	private investor							
Receipt For:	Aggregate Year-to-Date ▼	_						
Primary General	0.0							
Other (specify) ▼	2750.00							
Full Name (Last, First, Middle Initial) Dr. Krishna Turlapati		Date of Receipt						
Mailing Address 9123 1st Street		M = M / D = D / Y = Y = Y = Y						
City	State Zip Code	07 15 2013						
McAllen	TX 78504	Transaction ID : SA11AI.22751						
		Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	100.00						
Name of Employer	Occupation	contribution						
selfemployed	physician							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	700.00							
Full Name (Last, First, Middle Initial) Dr. Krishna Turlapati		Date of Receipt						
Mailing Address 9123 1st Street		08 09 _ 2013 _						
City	State Zip Code	Transaction ID : SA11AI.23066						
McAllen	TX 78504	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	100.00						
Name of Employer	Occupation	contribution						
selfemployed	physician							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General	0.0							
Other (specify) ▼	800.00							
SUBTOTAL of Receipts This Page (option	nal)	450.00						
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TOTAL This Period (last page this line nu	mber only)							

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	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Dr. Krishna Turlapati Mailing Address 9123 1st Street	Dr. Krishna Turlapati Mailing Address 9123 1st Street					
City McAllen	State Zip Code TX 78504	09 13 2013 Transaction ID : SA11AI.23387 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00					
Full Name (Last, First, Middle Initial) Dr. Krishna Turlapati Mailing Address 9123 1st Street		Date of Receipt				
City McAllen	State Zip Code TX 78504	Transaction ID : SA11Al.23814 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	100.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) Dr. Krishna Turlapati		Date of Receipt				
Mailing Address 9123 1st Street		11 15 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.24161 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1100.00	- contribution				
SUBTOTAL of Receipts This Page (optional).		300.00				
TOTAL This Period (last page this line number	er only)					

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or for commercial purposes, other than using	and Statements may not be sold or used by any peling the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 212 Thursderbird		Date of Receipt
Mailing Address 312 Thunderbird		07 15 7 2013
City	State Zip Code	Transaction ID : SA11AI.22752
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	55 0	
Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial) 3. Susan Turley		Date of Receipt
Mailing Address 312 Thunderbird		08 09 2013
City	State Zip Code	08 09 2013 Transaction ID : SA11AI.23067
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		sin of Edon Hoodipt this I chou
federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Susan Turley	1	Date of Receipt
Mailing Address 312 Thunderbird		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.23388
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00
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TOTAL This Period (last page this line number)	mber only)	

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Susan Turley		Date of Receipt
Mailing Address 312 Thunderbird		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23815
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) 3. Susan Turley		Date of Receipt
Mailing Address 312 Thunderbird		11 15 2013 _
City	State Zip Code	Transaction ID : SA11Al.24162
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
	Occupation	contribution
Name of Employer self-employed	Occupation	
Receipt For:	physician	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) C. Marcel Twahirwa	·	Date of Receipt
Mailing Address 2403 El Encino Drive		07 15 2013
City	State Zip Code	Transaction ID : SA11AI.22753
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1750.00	
SUBTOTAL of Receipts This Page (optional)) >	750.00
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TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than using the	ne 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) Marcel Twahirwa Mailing Address 2403 El Encino Drive		Date of Receipt
City mission	State Zip Code TX 78572	08 09 2013 Transaction ID : SA11AI.23068 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.23389 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive		Date of Receipt 10 11 _ 2013 _
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.23816 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	- Contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive		Date of Receipt 1.1 15 2013
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.24163 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00	contribution
Full Name (Last, First, Middle Initial) Lourdes Uribe Mailing Address 801 E. Nolana City	State Zip Code	Date of Receipt 07 15 2013
McAllen FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.22754 Amount of Each Receipt this Period 50.00 contribution
Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 350.00	-
Full Name (Last, First, Middle Initial) Lourdes Uribe Mailing Address 801 E. Nolana City	State Zip Code	Date of Receipt 08 09 2013 Transaction ID: SA11Al.23069
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX 78504 C Occupation	Amount of Each Receipt this Period 50.00 contribution
Self employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional).	•	350.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne 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) Lourdes Uribe Mailing Address 801 E. Nolana City	Date of Receipt M = M / D = D / Y = Y = Y = Y	
McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Lourdes Uribe Mailing Address 801 E. Nolana City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23817 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Lourdes Uribe Mailing Address 801 E. Nolana City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 11 15 2013 Transaction ID: SA11AI.24164 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	150.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive City	Date of Receipt 07 15 2013 Transaction ID: SA11Al.22755	
Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 700.00	Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 800.00	Date of Receipt 08 09 2013 Transaction ID: SA11Al.23070 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 900.00	Date of Receipt 09 13 2013 Transaction ID: SA11Al.23391 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F						
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive	Dr. Theresa Valladares					
City Mission	State Zip Code TX 78572	10 11 2013 Transaction ID : SA11AI.23818				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution				
Full Name (Last, First, Middle Initial) B. Dr. Theresa Valladares Mailing Address 2302 Red River Drive		Date of Receipt				
City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	11 15 2013 Transaction ID : SA11AI.24165 Amount of Each Receipt this Period				
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1100.00	contribution				
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle City rio grande city	State Zip Code TX 78582	Date of Receipt M = M				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00 contribution				
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1750.00					
SUBTOTAL of Receipts This Page (optional)		450.00				
TOTAL This Period (last page this line number	only)					

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle		Date of Receipt
City rio grande city	State Zip Code TX 78582	08 09 2013 Transaction ID : SA11AI.23071 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle		Date of Receipt M M / D D / Y D D Y D D A D D A D D D A D D D D D D
City rio grande city FEC ID number of contributing federal political committee	State Zip Code TX 78582	Transaction ID : SA11AI.23392 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	contribution
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle		Date of Receipt
City rio grande city FEC ID number of contributing	State Zip Code TX 78582	Transaction ID : SA11AI.23819 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	g the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name (Last, First, Middle Initial) 1. Jose Vasquez	Jose Vasquez					
Mailing Address 2548 Palm Circle		11 15 2013				
City	State Zip Code	Transaction ID : SA11AI.24166				
rio grande city	TX 78582	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	2750.00					
Full Name (Last, First, Middle Initial) Dr. Ravindra Veeramachaneni		Date of Receipt				
Mailing Address 4404 Santa Fabiola		M = M / D = D / Y = Y = Y				
City	Stato 7in Codo	09				
City						
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	25.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	225.00					
Full Name (Last, First, Middle Initial) Dr. Ravindra Veeramachanen	i	Date of Receipt				
Mailing Address 4404 Santa Fabiola		10 11 2013				
City	State Zip Code	Transaction ID : SA11AI.23820				
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer	Name of Employer Occupation					
selfemployed						
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	250.00					
SUBTOTAL of Receipts This Page (optional	al)	300.00				
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TOTAL This Period (last page this line num	nber only)					

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Ravindra Veeramachaneni Mailing Address 4404 Santa Fabiola City Mission FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78572 C Occupation	Date of Receipt 11 15 2013 Transaction ID: SA11Al.24167 Amount of Each Receipt this Period 25.00 contribution
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Dr. Carlos Vela Mailing Address P.O. Box 1909 City Mission	State Zip Code TX 78573	Date of Receipt 07
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	C Occupation physician Aggregate Year-to-Date ▼ 350.00	50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Carlos Vela Mailing Address P.O. Box 1909 City Mission FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78573 C	Date of Receipt 08 09 2013 Transaction ID : SA11Al.23074 Amount of Each Receipt this Period 50.00 contribution
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional).	>	125.00
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A 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) Dr. Carlos Vela Date of Receipt Mailing Address P.O. Box 1909 2013 13 City State Zip Code Transaction ID: SA11AI.23395 TX Mission 78573 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Carlos Vela Date of Receipt Mailing Address P.O. Box 1909 10 11 2013 City State Zip Code Transaction ID: SA11AI.23822 TX Mission 78573 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Carlos Vela Date of Receipt Mailing Address P.O. Box 1909 M M / 11 15 2013 Zip Code City State Transaction ID: SA11AI.24169 TX Mission 78573 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B		Date of Receipt
City McAllen	State Zip Code TX 78503	07 15 2013 Transaction ID : SA11AI.22760 Amount of Each Receipt this Period
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B		Date of Receipt 08 09 2013
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.23075 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Efraim Vela		Date of Receipt
Mailing Address 100 E. Ridge Road #B		09 13 2013
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.23396 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	- contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Efraim Vela		Date of Receipt
Mailing Address 100 E. Ridge Road #B		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23823
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Efraim Vela		Date of Receipt
Mailing Address 100 E. Ridge Road #B		11 15 _2013 _
City	State Zip Code	Transaction ID : SA11AI.24170
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
	Occupation	contribution
Name of Employer selfemployed	Occupation	
Receipt For:	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) C. Ramiro Verdoreen		Date of Receipt
Mailing Address 301 E. Newport		07 15 2013
City	State Zip Code	0/ 15 2013 Transaction ID : SA11AI.22763
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	[
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2800.00	
SURTOTAL of Descints This Box (" "	I	900.00
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	only)	

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BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Ramiro Verdoreen		Date of Receipt
Mailing Address 301 E. Newport		08 09 2013
City	State Zip Code	Transaction ID : SA11AI.23078
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	3200.00	
Other (specify)	3233.00	
Full Name (Last, First, Middle Initial) Ramiro Verdoreen		Date of Receipt
Mailing Address 301 E. Newport		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	09 13 2013 Transaction ID : \$444 At 23200
mcallen	TX 78501	Transaction ID : SA11AI.23399 Amount of Each Receipt this Period
FEC ID number of contributing		, another Lacif Receipt this Fellou
federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	+
Primary General	Aggregate rear-to-Date V	
Other (specify) ▼	3600.00	
Full Name (Last, First, Middle Initial)		
Ramiro Verdoreen		Date of Receipt
Mailing Address 301 E. Newport		10 11 2013
City	State Zip Code	Transaction ID : SA11AI.23826
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	4000.00	
Other (specify) ▼	4000.00	
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SURTOTAL of Possints This Page (entions	al)	1200.00

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport		Date of Receipt
City	State Zip Code TX 78501	Transaction ID : SA11Al.24173
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632		Date of Receipt
City mission	State Zip Code TX 78573	7 15 2013 Transaction ID : SA11AI.22765 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) Carlos Villalta		Date of Receipt
Mailing Address P. O. Box 1632		08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78573	Transaction ID : SA11AI.23080 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	- contribution
SUBTOTAL of Receipts This Page (optional)		650.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632		Date of Receipt
City	State Zip Code	09 13 2013 Transaction ID : SA11AI.23401
mission FEC ID number of contributing federal political committee.	TX 78573	Amount of Each Receipt this Period
Name of Employer	Occupation	- contribution
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1125.00	
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632		Date of Receipt 10 11 2013
City mission	State Zip Code TX 78573	Transaction ID : SA11AI.23828 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) . Rita Villanueva	· 	Date of Receipt
Mailing Address 801 E. Nolana Suite 4	O	07 15 / Y = Y = Y = Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22766 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 475.00	_ contribution
SUBTOTAL of Receipts This Page (optional))	375.00
TOTAL This Period (last page this line numb	ber only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt 08 09 2013 Transaction ID : SA11AI.23081 Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 525.00	contribution
Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 09 13 2013 Transaction ID: SA11AI.23402 Amount of Each Receipt this Period 50.00 contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23829 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 625.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	or only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 675.00	Date of Receipt 11 15 2013 Transaction ID: SA11Al.24176 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78577 C Occupation physician	Date of Receipt M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 720.00	Date of Receipt 08 09 2013 Transaction ID: SA11Al.23082 Amount of Each Receipt this Period 90.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	230.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using t	he 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) Victor Villarreal Mailing Address 901 W. Moore		Date of Receipt			
City pharr	State Zip Code TX 78577	09 13 2013 Transaction ID : SA11AI.23403 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	90.00 contribution			
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 810.00	Contribution			
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore	Chata Zin Cada	Date of Receipt 10 11 2013			
City pharr FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.23831 Amount of Each Receipt this Period 90.00			
Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 900.00	contribution			
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID: SA11Al.24179			
pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 90.00 contribution			
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 990.00	Contribution			
SUBTOTAL of Receipts This Page (optional).	•	270.00			
TOTAL This Period (last page this line number	er only)				

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	using the name and address of any political committee	to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC					
Full Name (Last, First, Middle Initial) Roger Vitko		Date of Receipt				
Mailing Address 1017 south 1st		07 15 2013				
City	State Zip Code	Transaction ID : SA11AI.22768				
mcallen	TX 78502	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer	Occupation	contribution				
self-employed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	Aggregate Tear-to-Date ▼					
Other (specify) ▼	1050.00					
Full Name (Last, First, Middle Initial) Roger Vitko		Date of Receipt				
Mailing Address 1017 south 1st		08 09 2013				
City	State Zip Code	Transaction ID : SA11AI.23083				
mcallen	mcallen TX 78502					
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer	Occupation	contribution				
self-employed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1200.00					
Full Name (Last, First, Middle Initial) C. Roger Vitko	1	Date of Receipt				
Mailing Address 1017 south 1st		09 13 _ 2013 _				
City	State Zip Code	Transaction ID : SA11AI.23404				
mcallen	TX 78502	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer	Occupation	contribution				
self-employed	physician	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1350.00					
SUBTOTAL of Receints This Page (ont	iional)	450.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC					
Full Name (Last, First, Middle Initial) Roger Vitko Mailing Address 1017 south 1st		Date of Receipt				
City	State Zip Code	10 11 2013 Transaction ID : SA11AI.23832				
mcallen	TX 78502	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00					
Full Name (Last, First, Middle Initial) 3. Roger Vitko Mailing Address 1017 couth 1ct	Date of Receipt					
Mailing Address 1017 south 1st City mcallen	State Zip Code TX 78502	11 15 2013 Transaction ID : SA11Al.24180				
FEC ID number of contributing federal political committee.	C 78502	Amount of Each Receipt this Period				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00					
Full Name (Last, First, Middle Initial) Raymond Walker		Date of Receipt				
Mailing Address 1117 Shallow apt 4 City	State Zip Code	07 15 2013 Transaction ID : SA11AI.22770				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer self-employed	Occupation private investor	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00					
SUBTOTAL of Receipts This Page (optional)	>	550.00				
TOTAL This Period (last page this line number	only)					

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 2000.00	Date of Receipt 08 09 2013 Transaction ID: SA11Al.23084 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 2250.00	Date of Receipt 09 13 2013 Transaction ID : SA11Al.23405 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 10 11 2013 Transaction ID: SA11AI.23833 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional).		750.00
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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 2750.00	Date of Receipt 11 15 2013 Transaction ID: SA11AI.24181 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 437.50	Date of Receipt O7 15 2013 Transaction ID: SA11AI.22771 Amount of Each Receipt this Period 62.50 contribution
Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 500.00	Date of Receipt 08 09 2013 Transaction ID: SA11Al.23085 Amount of Each Receipt this Period 62.50 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	375.00
TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud		Date of Receipt	
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78504 C Occupation private investor	Transaction ID: SA11AI.23406 Amount of Each Receipt this Period 62.50 contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50		
Full Name (Last, First, Middle Initial) 3. James Webb Mailing Address 312 Redbud	Date of Receipt 10 11 2013		
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.23834 Amount of Each Receipt this Period 62.50	
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 625.00	- contribution	
Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud	Date of Receipt 11 15 2013		
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Amount of Each Receipt this Period 62.50	
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 687.50	contribution	
SUBTOTAL of Receipts This Page (optional)	187.50	
TOTAL This Period (last page this line num	ber only)		

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC			
Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande		Date of Receipt		
	Chata Zin Cod-	07 15 2013		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.22772 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	100.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00			
Full Name (Last, First, Middle Initial) 3. Patrick Wilcox Mailing Address 111 Rio Grando		Date of Receipt		
Mailing Address 111 Rio Grande City mission				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00			
Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt		
Mailing Address 111 Rio Grande		09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.23407 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00			
SUBTOTAL of Receipts This Page (optional)		300.00		
TOTAL This Period (last page this line number	only)			

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Use separate schedule(s) for each category of the	(check only one)								
Detailed Summary Page	X 11a 11b	11c 12							
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC			
Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande		Date of Receipt		
	7: 0.1	10 11 2013		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.23835		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande		Date of Receipt		
City mission	State Zip Code TX 78572	11 15 2013 Transaction ID : SA11AI.24183 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00			
Full Name (Last, First, Middle Initial) Ms Sandra Yanez		Date of Receipt		
Mailing Address 106 S. Alton Blvd		09 13 2013		
City Alton	State Zip Code TX 78573	Transaction ID : SA11AI.23410 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer selfemployed	Occupation private investor	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00			
SUBTOTAL of Receipts This Page (optional)		225.00		
TOTAL This Period (last page this line number	only)			

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Ms Sandra Yanez Mailing Address 106 S. Alton Blvd		Date of Receipt
City	State Zip Code TX 78573	10 11 2013 Transaction ID : SA11AI.23839 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms Sandra Yanez Mailing Address 106 S. Alton Blvd		Date of Receipt
City Alton	State Zip Code TX 78573	Transaction ID : SA11AI.24187 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Subbarrao Yarra		Date of Receipt
Mailing Address 6905 N. Cynthia City	State Zip Code	07 15 2013
McAllen	TX 78504	Transaction ID : SA11AI.22776 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	contribution
SUBTOTAL of Receipts This Page (optional)		250.00
TOTAL This Period (last page this line number	er only)	

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	State Zip Code TX 78504 C Occupation physician	Date of Receipt 08 09 2013 Transaction ID : SA11AI.23090 Amount of Each Receipt this Period 200.00 contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	
Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) This is the first of the first	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2800.00	Date of Receipt 10 11 2013 Transaction ID: SA11Al.23840 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	er only)	

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary Other (specify) General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 3100.00	Date of Receipt 11
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt 07
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt 08 09 2013 Transaction ID: SA11Al.23091 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	800.00
TOTAL This Period (last page this line numbe	r only)	

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

FOR LINE NUMBER:				PAGE	4	38 OF	•	479		
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or for commercial purposes, other than using the	ne 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) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt 09 13 2013 Transaction ID : SA11Al.23412 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	- contribution
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City	Date of Receipt 10 11 2013	
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78504 C Occupation physician	Transaction ID : SA11AI.23841 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City	State Zip Code	Date of Receipt 11 15 2013 Transaction ID : SA11AI.24189
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	Occupation physician	Amount of Each Receipt this Period 250.00 contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line number	r only)	

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops		Date of Receipt
City	State Zip Code TX 78504	07 15 2013 Transaction ID : SA11Al.22778
mcallen FEC ID number of contributing federal political committee.	C 78504	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	
Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops	Date of Receipt	
City mcallen	State Zip Code TX 78504	7 Transaction ID : SA11Al.23092 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial) L Hugo Zapata		Date of Receipt
Mailing Address 316 Xenops		09 13 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.23413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3400.00	- contribution
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	er only)	

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops		Date of Receipt
City mcallen	State Zip Code TX 78504	10 11 2013 Transaction ID : SA11AI.23842 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial) 3. Hugo Zapata Mailing Address 316 Xenops	Date of Receipt	
City mcallen	State Zip Code TX 78504	11 15 2013 Transaction ID : SA11AI.24190 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3800.00	
Full Name (Last, First, Middle Initial) Dr. Livania Zavala-Spinetti		Date of Receipt
Mailing Address 109 E Cornell	Charles	09 13 2013
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.23414 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer selfemployed Receipt For: Primary General	Occupation self-employee physician Aggregate Year-to-Date ▼	_ contribution
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).	<u> </u>	425.00
TOTAL This Period (last page this line number	er only)	

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

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or for commercial purposes, other than using the	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Livania Zavala-Spinetti Mailing Address 109 E Cornell	Chale	Date of Receipt 10 11 2013
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78502 C Occupation self-employee physician Aggregate Year-to-Date ▼ 250.00	Transaction ID : SA11Al.23843 Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Dr. Livania Zavala-Spinetti Mailing Address 109 E Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation self-employee physician Aggregate Year-to-Date ▼ 275.00	Date of Receipt 11 15 2013 Transaction ID : SA11AI.24191 Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Dr. Fuad Zayed Mailing Address 1425 Sweet Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 525.00	Date of Receipt 07 15 2013 Transaction ID: SA11AI.22780 Amount of Each Receipt this Period 75.00 contribution
SUBTOTAL of Receipts This Page (optional)		125.00
TOTAL This Period (last page this line number	or only)	

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Fuad Zayed Mailing Address 1425 Sweet Lane		Date of Receipt
City Edinburg	State Zip Code TX 78539	08 09 2013 Transaction ID : SA11AI.23094 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00 contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate real-to-bate \$	
Full Name (Last, First, Middle Initial) Dr. Fuad Zayed Mailing Address 1425 Sweet Lane	Date of Receipt	
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.23415 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00 contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	
Full Name (Last, First, Middle Initial) Dr. Fuad Zayed		Date of Receipt
Mailing Address 1425 Sweet Lane	Charles	10 11 2013
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.23844 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	- contribution
SUBTOTAL of Receipts This Page (optional)		225.00
TOTAL This Period (last page this line number	er only)	

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

		_	LINE	_		:	PAGE	4	43 OF		479
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or for commercial purposes, other than using the	he 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) Dr. Fuad Zayed Mailing Address 1425 Sweet Lane		Date of Receipt
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	11 15 2013 Transaction ID : SA11AI.24192 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed	Occupation physician	75.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Receipt For:	Occupation Pate 7	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address City	State Zip Code	M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee.	C Zip code	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	•	75.00
TOTAL This Period (last page this line number	er only)	207414.70

S	CHEDULE B (FEC Form 3X)		LINE NILINA	NE NUMBER: PAGE 444 OF 479						
	EMIZED DISBURSEMENTS	Use separate schedule(s) (check only								
11	LIVIIZED DISBURSEIVIEN IS	for each category of the	ne 📗 🔽 🔽	. ,	, 22 🔲	23	24	ŀ [25	26
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abla	NAME OF COMMITTEE (In Full)									
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	Full Name (Last, First, Middle Initial)									
Α.	Ms Eliza Alvardo		Da	ate of Dis	burse	ment				
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	Mailing Address 1303 W. Kiwi #4				07	16	,	20	113	
	City	State Zip Code								
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	Purpose of Disbursement			_						
	contract services - salary expenditure		001	An	mount of	Each	Disburs	sement	this	Period
	Candidate Name		Categor	ry/					2485	5.91
	Office Cought		Туре			7			_ +00	
	Office Sought: House Disburser Senate		al							
	President	Primary General Gener	aı							
	State: District:	Carior (opcolly)								
	Full Name (Last, First, Middle Initial)									
В.	•			Da	ate of Dis	burse	ment			
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	Mailing Address 1303 W. Kiwi #4				07	2			013	.
	,	State Zip Code		1	Transacti	on ID	: SB21	B.2420	04	
	Pharr Purpose of Disbursement	TX 78577								
	contract services - salary expenditure		001	An	mount of	Fach	Dishurs	sement	this	Period
	Candidate Name									
			Categor Type	ry/					248	5.89
	Office Sought: House Disburser	ment For:								
	Senate	Primary Genera	al							
	President	Other (specify) ▼								
_	State: District:									
	Full Name (Last, First, Middle Initial)									
C.	Ms Eliza Alvardo			Da	ate of Dis	burse	ment			
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	Mailing Address 1303 W. Kiwi #4				08	13	3	20	013	
	City	State Zip Code			_					
	Pharr	TX 78577			Transacti	on ID	: SB21	в.2420	18	
	Purpose of Disbursement			\neg						
	contract services - salary expenditure		001	An	mount of	Each	Disburs	sement	this	Period
	Candidate Name		Categor	ry/		-	-		2485	5.91
	Office Cought		Туре			7			2700	5.01
	Office Sought: House Disburser Senate		al							
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S	CHEDULE B (FEC Form 3X)		EOD LINE	NE NUMBER: PAGE 445 OF 479							
	EMIZED DISBURSEMENTS	Use separate schedule(s) (check onli			E NOMBEN.						
11	LIVIIZED DISBURSEIVIEN IS	for each category		X 21b	22	23	24	25	5 26		
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	for commercial purposes, other than using the name										
\setminus	NAME OF COMMITTEE (In Full)										
$ \rangle$	BORDER HEALTH FEDERAL PAG										
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	Full Name (Last, First, Middle Initial)				D-1 (5	-1					
A.	Ms Eliza Alvardo				Date of D	sburse	ment				
	Mailing Address 1202 W Viv.: #4			08 26 2013							
	Mailing Address 1303 W. Kiwi #4				UO	20		2013			
	City	State Zip Cod	le		_						
	Pharr	TX 78577				ion ID	: SB21E	3.24212			
	Purpose of Disbursement										
	contract services - salary expenditure			001	Amount of	Each	Disburs	ement thi	is Period		
	Candidate Name			Category/		-		2/	185.89		
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	Office Sought: House Disburser										
	Senate President	Primary Ge Other (specify) ▼	neral								
	State: District:	Other (specify)									
_	Full Name (Last, First, Middle Initial)										
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	Mailing Address 1303 W. Kiwi #4				09	0:		2013			
	3 .555										
	City	State Zip Cod	le		Transac	tion ID	· SR211	B 24214			
	Pharr	TX 78577			11411346		. 55211	_ · _ · · · · ·			
	Purpose of Disbursement contract services - salary expenditure			004	Amount -	East.	Diah	oment #1-	io Dorio I		
	Candidate Name			001	Amount of	⊏acn	บเรมนร	ement thi	s Period		
	Canadate Name			Category/				24	485.91		
	Office Sought: House Disburser	nent For:		Туре		7	,				
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	President	Other (specify)									
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_	Full Name (Last, First, Middle Initial)										
C.	Ms Eliza Alvardo				Date of D	sburse	ment				
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	Mailing Address 1303 W. Kiwi #4				09	23	3	2013			
	Other	Ot-1-	1-								
	City S Pharr	State Zip Cod TX 78577	ie		Transac	tion ID	: SB21I	B.24218			
	Purpose of Disbursement	1/00//									
	contract services - salary expenditure			001	Amount of	Fach	Dieburo	omont thi	e Pariod		
	Candidate Name			Category/	Amount Of	Lacii	טוטטטוט	oment un	o i Gilou		
				Type	1	_		24	186.02		
	Office Sought: House Disburser	nent For:	l .			7		-			
	Senate	Primary Ge	neral								
	President	Other (specify) ▼									
	State: District:										
Γ						-	-				
s	SUBTOTAL of Disbursements This Page (optional)					7	,	74	57.82		
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I T	OTAL This Period (last nage this line number only)										

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	EMIZED DISBURSEMENTS	Use separate schedule(s) (check only			1101/152111					
11	LIVIIZED DISBURSEIVIEN IS	for each category		X 21b	22	23	24	25	<u>26</u>	
		Detailed Summar	y Page	27	28a	28b	28c	29	30b	
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	for commercial purposes, other than using the name									
\setminus	NAME OF COMMITTEE (In Full)									
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	Full Name (Last, First, Middle Initial)				D-1 (5					
A.	Ms Eliza Alvardo				Date of D	sburser				
	Mailing Address 1202 W Viv.: #4			10 07 2013						
	Mailing Address 1303 W. Kiwi #4				10	07		2013	_	
	City	State Zip Co	ode							
	Pharr	TX 78577			Transac	tion ID :	SB21B.2	4220		
	Purpose of Disbursement									
	contract services - salary expenditure			001	Amount of	Each [Disbursem	ent this	Period	
	Candidate Name			Category/				2/19	86.02	
	000			Type		7	7	240	.0.02	
	Office Sought: House Disburser		`anare!							
	Senate President	Primary G Other (specify)	General							
	State: District:	Onler (Specify)								
_	Full Name (Last, First, Middle Initial)									
В.	,				Date of D	isburser	nent			
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	3 .555				لند					
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	contract labor			001		Amount	of Each	Disbui	rsemei	nt this [Period
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City	State Zip Code TX 78265		Transaction ID : SB21B.24195	
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	office electricity expenditure			001	Amoun	t of Each	Disbur	semen	t this F	Period
	Candidate Name			Category/ Type					229	.60
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D.	Long Chilton LLP					Disburse			(
	Mailing Address 4100 N. 23rd				07		0		2013	Y
		State Zip Co TX 78504			Trans	action ID	: SB2	1B.242	81	
	McAllen Purpose of Disbursement	TX 78504	·							
	paysmart payroll services			001	Amoun	of Each	Disbur	semen	t this F	Period
	Candidate Name			Category/				-	25	70
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SCHEDULE B (FEC Form 3X)				EOD LIVIE	NUMBER			P	AGE 463	OF	479
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SCHEDULE B (FEC Form 3X)				EOD LINE	= NII	IMPED				PAGE	464	OF 47	7 9
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SCHEDULE B (FEC Form 3X)				FOR LINE	NUMBER:		PAG	E 465	OF 479
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	Mailing Address 607 Fourteenth Street N.W.				12	/ D	B1 / Y	2013	Y
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	legal fees			001	Amoun	t of Each	Disbursem	ent this	Period
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	Candidate Name				Amoun	t of Each	Disbursem	ent this	Period
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	Office Sought: House Disbursen					7			
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Full Name (Last, First, Middle Initial)							<u> </u>						
A. Sprint									isburse				
Mailing Address P.O. Box 8077							09		2	26	/ Y	2013	Y
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phone service expenditure				0	001		Amou	ınt of	Each	Dis	bursem	ent this	Period
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Office Sought: House Senate		Primary	General										
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B. Water Tower Village									isburse				
Mailing Address 52211 N. McColl Road	d						07)9	/ Y	2013	Y
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Senate		Primary	General										
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C. Water Tower Village							Date	of Di	isburse	emei			
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office lease expenditure Candidate Name				Cate	001 egor	y/	Amou	int of	Each	Dis	bursem	ent this	
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	Full Name (Last, First, Middle Initial)				_			
Α.	Water Tower Village			Date of Disbursement				
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	Mailing Address 52211 N. McColl Road			12 04 2013				
		State Zip Code		Transaction ID : SB21B.24303				
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	Purpose of Disbursement office lease expenditure		001	Amount of Fook Dishurooment this Pariod				
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Full Name (Last, First, Middle Initial)			
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Mailing Address 919 CONGRESS AVE SUITE 1400)		09 18 2013
City	State Zip Code		
AUSTIN	TX 78701		Transaction ID: SB23.24257
Purpose of Disbursement contribution		044	
Candidate Name		011	Amount of Each Disbursement this Period
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Office Sought: House Disburser	ment For: 2013	.,,,,	
Senate	Primary		
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Full Name (Last, First, Middle Initial) B. JOHN A BARRASSO			Date of Disbursement
B. JOHN A BARRASSO			M M / D D / Y Y Y Y
Mailing Address 6896 CASPER MOUNTAIN ROAD)		12 20 _ 2013 _
City S CASPER	State Zip Code WY 82601		Transaction ID : SB23.24274
Purpose of Disbursement	WY 82601		
contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
JOHN A BARRASSO		Туре	5000.00
	nent For: 2014		
President	Primary General Other (specify) ▼		
State: WY District: 00	Carlor (opcony)		
Full Name (Last, First, Middle Initial)			
C. JOHN A BARRASSO			Date of Disbursement
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Mailing Address 6896 CASPER MOUNTAIN ROAD			12 20 2013
City	State Zip Code		
CASPER	WY 82601		Transaction ID : SB23.24275
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Candidate Name		011	Amount of Each Disbursement this Period
JOHN A BARRASSO		Category/ Type	5000.00
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A. JOHN J. BARROW			Date of Disbursement
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Mailing Address PO BOX 1001			10 11 2013
Oth.	7:- 0		
City S AUGUSTA	State Zip Code GA 30903		Transaction ID : SB23.24268
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contribution		011	Amount of Each Disbursement this Period
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JOHN J. BARROW		Туре	3000.00
	nent For: 2014 Primary General		
President	Other (specify)		
State: GA District: 12	(-		
Full Name (Last, First, Middle Initial)			
B. JOHN J. BARROW			Date of Disbursement
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AUGUSTA	GA 30903		Halisaction ID . 3B23.24209
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Candidate Name			Amount of Each disbursement this Period
		Category/	5000.00
JOHN J. BARROW		Type	
	nent For: 2014	Туре	
Office Sought: House Disbursen	Primary General	Туре	
Office Sought: House Disbursen Senate President		Туре	
Office Sought: House Disbursen	Primary General	Туре	
Office Sought: House Disbursen	Primary General	Туре	Date of Disbursement
Office Sought: House Disbursen	Primary General	Туре	Date of Disbursement
Office Sought: House Disbursen	Primary General	Туре	
Office Sought: House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) C. CONAWAY FOR CONGRESS Mailing Address PO BOX 51272	Primary	Туре	M M / D D / Y Y Y Y
Office Sought: House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) C. CONAWAY FOR CONGRESS Mailing Address PO BOX 51272 City	Primary	Туре	M M / D D / Y Y Y Y
Office Sought: House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) C. CONAWAY FOR CONGRESS Mailing Address PO BOX 51272	Primary	Туре	09 / 24 / 2013
Office Sought: House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) C. CONAWAY FOR CONGRESS Mailing Address PO BOX 51272 City SMIDLAND	Primary	O11	09 / 24 / 2013
Office Sought: House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) C. CONAWAY FOR CONGRESS Mailing Address PO BOX 51272 City SMIDLAND Purpose of Disbursement contribution Candidate Name	Primary	011 Category/	Transaction ID: SB23.24261 Amount of Each Disbursement this Period
Office Sought: House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) C. CONAWAY FOR CONGRESS Mailing Address PO BOX 51272 City SMIDLAND Purpose of Disbursement contribution Candidate Name CONAWAY FOR CONGRESS	Primary	011	M M / 24 / 2013 Transaction ID : SB23.24261
Office Sought: House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) C. CONAWAY FOR CONGRESS Mailing Address PO BOX 51272 City MIDLAND Purpose of Disbursement contribution Candidate Name CONAWAY FOR CONGRESS Office Sought: House Disbursen	Primary	011 Category/	Transaction ID: SB23.24261 Amount of Each Disbursement this Period
Office Sought: House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) C. CONAWAY FOR CONGRESS Mailing Address PO BOX 51272 City SMIDLAND Purpose of Disbursement contribution Candidate Name CONAWAY FOR CONGRESS	Primary General Other (specify) State Zip Code TX 79710 Thent For: 2014 Primary General	011 Category/	Transaction ID: SB23.24261 Amount of Each Disbursement this Period
Office Sought: House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) C. CONAWAY FOR CONGRESS Mailing Address PO BOX 51272 City MIDLAND Purpose of Disbursement contribution Candidate Name CONAWAY FOR CONGRESS Office Sought: House Senate Disburser	Primary	011 Category/	Transaction ID: SB23.24261 Amount of Each Disbursement this Period
Office Sought: House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) C. CONAWAY FOR CONGRESS Mailing Address PO BOX 51272 City MIDLAND Purpose of Disbursement contribution Candidate Name CONAWAY FOR CONGRESS Office Sought: House Senate President Disbursen Primary General Other (specify) State Zip Code TX 79710 Thent For: 2014 Primary General	011 Category/	Transaction ID: SB23.24261 Amount of Each Disbursement this Period 5000.00	
Office Sought: House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) C. CONAWAY FOR CONGRESS Mailing Address PO BOX 51272 City MIDLAND Purpose of Disbursement contribution Candidate Name CONAWAY FOR CONGRESS Office Sought: House Senate President Disbursen	Primary General Other (specify) ▼ State Zip Code TX 79710 ment For: 2014 Primary General Other (specify) ▼	011 Category/ Type	Transaction ID: SB23.24261 Amount of Each Disbursement this Period
Office Sought: House Senate President	Primary General Other (specify) ▼ State Zip Code TX 79710 Thent For: 2014 Primary General Other (specify) ▼	011 Category/ Type	Transaction ID: SB23.24261 Amount of Each Disbursement this Period 5000.00

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 470 OF 479
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
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NAME OF COMMITTEE (In Full)			
BORDER HEALTH FEDERAL PA	C		
/ Full Name (Last, First, Middle Initial)			
A. CONAWAY FOR CONGRESS			Date of Disbursement
CONAWATTOR CONCRESS			M M / D D / Y Y Y Y
Mailing Address PO BOX 51272			09 24 2013
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City MIDLAND	State Zip Code TX 79710		Transaction ID : SB23.24262
Purpose of Disbursement	75710		
contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
CONAWAY FOR CONGRESS		Type	5000.00
	ment For: 2014		
Senate President	Primary		
State: TX District: 11	Cirio (opcony)		
Full Name (Last, First, Middle Initial)			
B. John Cornyn			Date of Disbursement
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Mailing Address 517 Hart Senate Office Building			09 25 2013
City	State Zip Code		Transaction ID : SB23.24263
Washington Purpose of Disbursement	DC 20510		
contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
John Cornyn		Type	5000.00
	ment For: 2014		
	Primary General		
President State: TX District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. CROWLEY FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 84-56 GRAND AVENUE			10 01 2013
City	State Zip Code		
ELMHURST	NY 11373		Transaction ID : SB23.24266
Purpose of Disbursement			
contribution		011	Amount of Each Disbursement this Period
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CANCIDE CONCIDES		Category/	5000.00
CROWLEY FOR CONGRESS	ment For: 2014		5000.00
CROWLEY FOR CONGRESS	ment For: 2014 Primary General	Category/	5000.00
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CROWLEY FOR CONGRESS Office Sought: House Senate President State: NY District: 14	Primary General Other (specify) ▼	Category/ Type	
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CROWLEY FOR CONGRESS Office Sought: House Senate President State: NY District: 14	Primary General Other (specify) ▼	Category/ Type	

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 471 OF 479				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	(check on	ily one)			
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_	Full Name (Last, First, Middle Initial)						
Α.	CROWLEY FOR CONGRESS	Date of Disbursement					
	M. W. A.I.I.	M M / D D / Y Y Y Y Y					
	Mailing Address 84-56 GRAND AVENUE	10 01 2013					
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	ELMHURST	State Zip Code NY 11373		Transaction ID : SB23.24267			
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	Candidate Name		Category/	5000.00			
	CROWLEY FOR CONGRESS Office Sought:	nent For: 2014	Туре				
		Primary					
	President	Other (specify) ▼					
	State: NY District: 14						
	Full Name (Last, First, Middle Initial)						
В.	RANDOLPH BLAKE FARENTHOL		Date of Disbursement				
			M M / D D / Y Y Y Y				
	Mailing Address PO BOX 3369	11 12 2013					
	City						
	CORPUS CHRISTI	State Zip Code TX 78463		Transaction ID : SB23.24270			
	Purpose of Disbursement contribution		1	1			
	Candidate Name	011	Amount of Each Disbursement this Period				
	RANDOLPH BLAKE FARENTHOL	ח	Category/ Type	5000.00			
		nent For: 2014	туре				
		Primary General					
	President	Other (specify)					
	State: TX District: 27						
_	Full Name (Last, First, Middle Initial)						
C.	RANDOLPH BLAKE FARENTHOL	Date of Disbursement					
	Mailing Address PO BOX 3369		11 12 2013				
	Ividining Address FO BOX 3309	11 12 2010					
	City	State Zip Code		Transaction ID : SB23.24271			
	CORPUS CHRISTI	TX 78463		- Transaction ib . 3D23.2427 1			
	Purpose of Disbursement contribution		011				
	Candidate Name			Amount of Each Disbursement this Period			
	RANDOLPH BLAKE FARENTHOL	.D	Category/ Type	5000.00			
		nent For: 2014	71 -				
	Senate	Primary General					
	President	Other (specify) ▼					
	State: TX District: 27						
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 472 OF 4				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ly one)				
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NAME OF COMMITTEE (In Full)							
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Full Name (Last, First, Middle Initial)		ı					
A. JOE GARCIA			Date of Disbursement				
			M = M / D = D / Y = Y = Y				
Mailing Address 4710 SW 67TH AVENUE			09 20 2013				
#H7 City	State Zip Code						
MIAMI	FL 33155		Transaction ID : SB23.24259				
Purpose of Disbursement							
contribution		011	Amount of Each Disbursement this Period				
Candidate Name JOE GARCIA		Category/	5000.00				
	ement For: 2014	Туре					
Senate	Primary General						
President	Other (specify) ▼						
State: FL District: 26							
Full Name (Last, First, Middle Initial)			Date of Disbursement				
B. JOE GARCIA							
Mailing Address 4710 SW 67TH AVENUE #H7	09 20 2013						
City	State Zip Code		Transaction ID : SB23,24260				
MIAMI	FL 33155		11d113d0t1011 ID . 3D23.24200				
Purpose of Disbursement contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/					
JOE GARCIA		Type	5000.00				
	ement For: 2014						
Senate President	Primary						
State: FL District: 26	Other (Specify)						
Full Name (Last, First, Middle Initial)							
C. GENE GREEN CONGRESSIONA	Date of Disbursement						
Mailing Address BO DOV 1919	ALC:						
Mailing Address PO BOX 16128	Mailing Address PO BOX 16128						
City	State Zip Code		Transaction ID - CD22 04050				
HOUSTON	TX 77222		Transaction ID: SB23.24250				
Purpose of Disbursement contribution		011					
Condidate Name			Amount of Each Disbursement this Perio				
RAYMOND E. 'GENE' GREEN		Category/ Type	5000.00				
	ement For: 2014						
Senate	Primary General						
State: TX District: 29	Other (specify) ▼						
State: TX District: 29							
SUBTOTAL of Disbursements This Page (optional)			15000.00				
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 473 OF 479				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(CILCON OTTIS	y one)			
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A. GENE GREEN CONGRESSION	JAI CAMPAIGN		Date of Disbursement			
			M M / D D / Y I	Y Y Y		
Mailing Address PO BOX 16128			09 10 2	2013		
City	State Zip Code					
HOUSTON	TX 77222		Transaction ID : SB23.2425	1		
Purpose of Disbursement						
contribution		011	Amount of Each Disbursemen	t this Period		
Candidate Name RAYMOND E. 'GENE' GREEN		Category/ Type		5000.00		
	rsement For: 2014	туре				
Senate	Primary General					
President	Other (specify) ▼					
State: TX District: 29						
Full Name (Last, First, Middle Initial) B. RAUL M GRIJALVA			Date of Disbursement			
- RAUL IVI GRIJALVA				Y		
Mailing Address PO Box 1242				2013		
City Tucson	State Zip Code AZ 85702		Transaction ID : SB23.2425	3		
Purpose of Disbursement	,,_ 03102					
contribution		011	Amount of Each Disbursemen	nt this Period		
Candidate Name		Category/		5000.00		
Office Sought: Y House Disbu	rsement For: 2014	Type	7	1111100		
Senate Sought.	Primary General					
President	Other (specify) ▼					
State: AZ District: 07						
Full Name (Last, First, Middle Initial)			D-1			
C. RAUL M GRIJALVA			Date of Disbursement			
Mailing Address PO Box 1242				2013		
City	State Zip Code		Transaction ID : SB23.2425	4		
Tucson Purpose of Disbursement	AZ 85702					
contribution	Amount of Each Disbursemen	nt this Period				
Candidate Name		Category/	2.5.2.2.2.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.			
Office Occupied		Type		5000.00		
Office Sought: House Disbu	rsement For: 2014 Primary General					
President	Other (specify)					
State: AZ District: 07	(-p-2) / ▼					
SUBTOTAL of Disbursements This Page (option	al)	·····		15000.00		
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 474 OF 479			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ly one)			
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Any information copied from such Reports and Staten	l nents may not be sold or use					
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
angle BORDER HEALTH FEDERAL PAC						
Full Name (Last, First, Middle Initial)						
A. PATRICK MURPHY			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 4521 PGA BLVD. #412			12 17 2013			
City	State Zip Code		T ID ODOS 0.4070			
PALM BEACH GARDENS	FL 33418		Transaction ID : SB23.24272			
Purpose of Disbursement contribution		011	Amount of Each Disbursement this Period			
Candidate Name			Amount of Lacif Disbursement this Feriod			
PATRICK MURPHY		Category/ Type	5000.00			
	nent For: 2014					
Senate Y	Primary General					
State: FL District: 18	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. PATRICK MURPHY			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 4521 PGA BLVD. #412	12 17 2013					
	State Zip Code FL 33418		Transaction ID : SB23.24273			
PALM BEACH GARDENS Purpose of Disbursement	FL 33418					
contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	5000.00			
PATRICK MURPHY Office Sought: House Disbursen	nent For: 2014	Туре	3330.33			
	Primary General					
	Other (specify)					
State: FL District: 18						
Full Name (Last, First, Middle Initial)		_	Date of Disbursement			
C. NATIONAL REPUBLICAN SENAT	ORIAL COMMITTEE	=	M M / D D / Y Y Y Y			
Mailing Address 425 SECOND STREET NE	09 19 2013					
•	State Zip Code DC 20002		Transaction ID: SB23.24258			
Purpose of Disbursement						
contribution	011	Amount of Each Disbursement this Period				
Candidate Name		Category/	15000.00			
Office Sought: House Disburser	nent For: 2013	Туре				
Senate	Primary Seneral					
President	Other (specify) ▼					
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SUBTOTAL of Disbursements This Page (optional)		·····•	2000.00			

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Α.	NEW AMERICANS FUND					Date of	Disbur	seme	ent			
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	Mailing Address 236 MASSACHUSETTS AVENUE I SUITE 603	NE				07		09		2013	_	
		State	Zip Code									
		DC	20002			Transa	action	ID : S	SB23.24	248		
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	contribution			011	A	Amount	of Eac	h Di	sbursen	ent this	Period	d
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	NEW AMERICANS FUND			Type						500	0.00	_
	Office Sought: House Disbursem	nent For:	2013									
	Senate	Primary	General X									
	President	Other (spe	ecify) 🔻									
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_	Full Name (Last, First, Middle Initial)											
В.	ROBERT (BETO) O'ROURKE					Date of	Disbur	seme	ent			
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	Mailing Address 1209 PROSPECT STREET					09		17		2013	_	
	City	State	Zip Code									
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	EL PASO Purpose of Disbursement contribution Candidate Name ROBERT (BETO) O'ROURKE Office Sought: House Senate Disbursem		79902	Category/						nent this	-	d
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 476 OF 479		
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or for commercial purposes, other than using the na	me and address of any politic	cal committee to	solicit contributions fro	om such committee.		
NAME OF COMMITTEE (In Full)	_					
$ \hspace{.05cm} \rangle$ BORDER HEALTH FEDERAL PA	С					
Full Name (Last, First, Middle Initial)						
A. REPUBLICAN PARTY OF TEXAS	3		Date of Disburseme	ent		
Moiling Address 4400 LAVACA CTREET CHITE	00		M M / D D	2013		
Mailing Address 1108 LAVACA STREET, SUITE 5	00		09 16	2013		
City	State Zip Code		Transaction ID : S	B23 24252		
AUSTIN Purpose of Disbursement	TX 78701		Transaction is . c	BE0.E4E0E		
contribution		011	Amount of Each Dis	sbursement this Period		
Candidate Name		Category/		5000.00		
0		Type		5000.00		
Office Sought: House Disburse Senate	ment For: 2013 Primary X General					
President	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial)						
B. RUIZ 2012 VICTORY FUND			Date of Disburseme			
Mailing Address PO BOX 6116			12 31	2013		
City	State Zip Code CA 92248		Transaction ID : S	B23.24276		
LA QUINTA Purpose of Disbursement	CA 92248					
contribution		011	Amount of Each Dis	sbursement this Period		
Candidate Name		Category/		5000.00		
RUIZ 2012 VICTORY FUND Office Sought: House Disburse	ment For: 2013	Туре		5550.00		
Senate Sought.	Primary General					
President	Other (specify)					
State: CA District: 36	•					
Full Name (Last, First, Middle Initial)			Date of Disburseme	nt		
C. KYRSTEN SINEMA			M M / D D	/ Y Y Y Y		
Mailing Address PO BOX 25879		09 25	2013			
01						
City TEMPE	State Zip Code AZ 85285		Transaction ID : S	B23.24264		
Purpose of Disbursement						
contribution 011 Candidate Name			Amount of Each Dis	sbursement this Period		
KYRSTEN SINEMA	Category/ Type		5000.00			
	ment For: 2014	Турс				
Senate	Primary General					
President Pictrioty 22	Other (specify) ▼					
State: AZ District: 09						
SUBTOTAL of Disbursements This Page (optional).				15000.00		
222222 S. 2.35010001101101 age (epitolial).						
TOTAL This Period (last page this line number only	·)					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 477 OF 479				
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		24 25 2 28c 29 3		
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC						
Full Name (Last, First, Middle Initial) A. KYRSTEN SINEMA			Date of Disburs			
Mailing Address PO BOX 25879	09 25 2013					
City 5	Transaction II) : SB23.24265				
Purpose of Disbursement contribution		011	Amount of Each	Disbursement this Period		
Candidate Name KYRSTEN SINEMA		Category/ Type		5000.00		
Senate President	nent For: 2014 Primary General Other (specify)					
State: AZ District: 09 Full Name (Last, First, Middle Initial) 3.	Date of Disburs	ement				
Mailing Address	M = M / D = D / Y = Y = Y					
City	State Zip Code					
Purpose of Disbursement		Amount of Each Disbursement this Period				
Candidate Name		Category/ Type				
President	nent For: Primary General Other (specify)					
State: District: Full Name (Last, First, Middle Initial)			Date of Disburs	ement		
Mailing Address	M M / D	D / Y Y Y Y				
City	State Zip Code					
Purpose of Disbursement	Amount of Each	Disbursement this Period				
Candidate Name	1	Category/ Type	Amount of Laci	Dispursement this Feriod		
	nent For: Primary General Other (specify)					
				5000.00		
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		150000.00		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 478 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rental space **AC Rentals** Mailing Address PO Box 2673 City State Zip Code McAllen 78502 Transaction ID: SD10.9553 Outstanding Balance Beginning This Period 900.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 900.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rental space **AC Rentals** Mailing Address PO Box 2673 City State Zip Code McAllen 78502 TX Outstanding Balance Beginning This Period Transaction ID: SD10.10053 900.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 900.00 0.00 0.00 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 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 1800.00 1) SUBTOTALS This Period This Page (optional)..... 1800.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 1800.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

1mage# 14940236458 PAGE 479 / 479

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

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.