

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

BORDER HEALTH FEDERAL PAC

ADDRESS (number and street) ▼

612 W. Nolana Suite 340

☐ Check if different than previously reported. (ACC)

McAllen

TX

78504

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00415752

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer

Ernie Perez

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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 multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 01 2013

To:

M M / D D / Y Y Y Y
12 31 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date
11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

207414.70

427387.20

(ii) Unitemized

7540.92

43118.95

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

214955.62

470506.15

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

214955.62

470506.15

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►**

214955.62

470506.15

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

214955.62

470506.15

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	112031.26	258641.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	112031.26	258641.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	150000.00	300000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	30000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	262031.26	588641.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	262031.26	588641.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22470

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23100

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23493

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.23846

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Riad Aboujamous

Mailing Address 1217 Fullerton

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23101

Amount of Each Receipt this Period

25.00

contribution

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

275.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Riad Aboujamous

Mailing Address 1217 Fullerton

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23494

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Riad Aboujamous

Mailing Address 1217 Fullerton

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23847

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

c. Charity Abreu

Mailing Address 1619 hertiage lane

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22472

Amount of Each Receipt this Period

250.00

contribution

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

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

300.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Charity Abreu

Mailing Address 1619 hertiage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22785

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Charity Abreu

Mailing Address 1619 hertiage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23102

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Charity Abreu

Mailing Address 1619 hertiage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23495

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Charity Abreu

Mailing Address 1619 heritage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23848

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Abreu

Mailing Address 200

E. Xenops

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22473

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Abreu

Mailing Address 200

E. Xenops

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22786

Amount of Each Receipt this Period

150.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23103

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23496

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23849

Amount of Each Receipt this Period

150.00

contribution

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

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

450.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ruben Abreu

Mailing Address 104 augusta square

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22474

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ruben Abreu

Mailing Address 104 augusta square

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22787

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ruben Abreu

Mailing Address 104 augusta square

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23104

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ruben Abreu

Mailing Address 104 augusta square

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23497

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ruben Abreu

Mailing Address 104 augusta square

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.23850

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Aguilera

Mailing Address 807 North Cage

City State Zip Code
 Pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22475

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Aguilera

Mailing Address 807 North Cage

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22788

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Aguilera

Mailing Address 807 North Cage

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23105

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Aguilera

Mailing Address 807 North Cage

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23498

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Aguilera

Mailing Address 807 North Cage

City State Zip Code
 Pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23851

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. S.M. Golam Alam

Mailing Address 1200 E. Savannah #7

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23852

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

c. Ms Sahar Alizy

Mailing Address 1609 Martin

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23107

Amount of Each Receipt this Period

25.00

contribution

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

295.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sahar Alizy

Mailing Address 1609 Martin

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

Transaction ID : SA11AI.23500

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Sahar Alizy

Mailing Address 1609 Martin

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2013

Transaction ID : SA11AI.23853

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Transaction ID : SA11AI.22478

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 only)..... ►

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22791

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23108

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23501

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Alleyn

Mailing Address 5505 N. 4th

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23854

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hillary Almedia

Mailing Address 900 E. Vermont

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. Ms Alex Ambriz

Mailing Address 15253 Heather

City
Harlingen

State
TX

Zip Code
78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23109

Amount of Each Receipt this Period

25.00

contribution

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

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

350.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Alex Ambriz

Mailing Address 15253 Heather

City
Harlingen

State
TX

Zip Code
78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23502

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Alex Ambriz

Mailing Address 15253 Heather

City
Harlingen

State
TX

Zip Code
78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23856

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Amyx

Mailing Address 2108 Mynah

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22480

Amount of Each Receipt this Period

250.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Amyx

Mailing Address 2108 Mynah

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22793

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Amyx

Mailing Address 2108 Mynah

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

C. Michael Amyx

Mailing Address 2108 Mynah

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

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

750.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Amyx

Mailing Address 2108 Mynah

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23857

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City State Zip Code
 Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22481

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City State Zip Code
 Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.22794

Amount of Each Receipt this Period

100.00

contribution

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

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

450.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physicain

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23111

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physicain

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23504

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physicain

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

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 number only)..... ►

300.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22482

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 09 2013

Transaction ID : SA11AI.22795

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23112

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)..... ►

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

B. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

C. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

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

350.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22796

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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

Full Name (Last, First, Middle Initial)

B. Daisy Arce

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

C. Daisy Arce

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22797

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Daisy Arce

Mailing Address 129 Bluebird

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23114

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Daisy Arce

Mailing Address 129 Bluebird

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23507

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Daisy Arce

Mailing Address 129 Bluebird

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.23861

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)..... ►

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Rodrigo Argenal

Mailing Address 7512 N. Cynthia Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23862

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Julio Arias-Viaud

Mailing Address 2600 Santa Paula

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23863

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Pedro Arrazola

Mailing Address 5114 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22486

Amount of Each Receipt this Period

100.00

contribution

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

220.00

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)

A. Dr. Pedro Arrazola

Mailing Address 5114 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22799

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Pedro Arrazola

Mailing Address 5114 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23116

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Pedro Arrazola

Mailing Address 5114 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23510

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Pedro Arrazola

Mailing Address 5114 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23864

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City

Brownsville

State

TX

Zip Code

78526

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City

Brownsville

State

TX

Zip Code

78526

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City State Zip Code
 Brownsville TX 78526

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23117

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City State Zip Code
 Brownsville TX 78526

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23511

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City State Zip Code
 Brownsville TX 78526

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23865

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22488

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 09 2013

Transaction ID : SA11AI.22801

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23118

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)..... ►

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23512

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23866

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Wady Aude Aude

Mailing Address 1001 E. Fern #E

City State Zip Code
McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23119

Amount of Each Receipt this Period

25.00

contribution

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

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

175.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Wady Aude Aude

Mailing Address 1001 E. Fern #E

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23513

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Wady Aude Aude

Mailing Address 1001 E. Fern #E

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23867

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22490

Amount of Each Receipt this Period

250.00

contribution

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

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

300.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22803

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23120

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23514

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23868

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Wilfredo Aviles

Mailing Address 2600 Wildwood

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22491

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Wilfredo Aviles

Mailing Address 2600 Wildwood

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22804

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Wilfredo Aviles

Mailing Address 2600 Wildwood

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23121

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Wilfredo Aviles

Mailing Address 2600 Wildwood

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23515

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Wilfredo Aviles

Mailing Address 2600 Wildwood

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23869

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Roberto A, Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22492

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Roberto A, Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22805

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Roberto A, Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23122

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Roberto A, Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23517

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Roberto A, Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23870

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22493

Amount of Each Receipt this Period

400.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22806

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23123

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 11 2013

Transaction ID : SA11AI.23518

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23871

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22494

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
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)..... ►

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City	State	Zip Code
mcallen	TX	78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

Transaction ID : SA11AI.23124

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City	State	Zip Code
mcallen	TX	78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

Transaction ID : SA11AI.23520

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City	State	Zip Code
mcallen	TX	78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : SA11AI.23872

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22495

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 09 2013

Transaction ID : SA11AI.22808

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23125

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 only)..... ►

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23521

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.23873

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code
 mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22496

Amount of Each Receipt this Period

250.00

contribution

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

500.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Barrera

Mailing Address 420 Frio

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22809

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Barrera

Mailing Address 420 Frio

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23126

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Barrera

Mailing Address 420 Frio

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

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

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23874

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22497

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22810

Amount of Each Receipt this Period

400.00

contribution

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23127

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23526

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23876

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Yuri Bermudez

Mailing Address P.O.Box 1125

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22498

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Yuri Bermudez

Mailing Address P.O.Box 1125

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22811

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Yuri Bermudez

Mailing Address P.O.Box 1125

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23128

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Yuri Bermudez

Mailing Address P.O.Box 1125

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23527

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Yuri Bermudez

Mailing Address P.O.Box 1125

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23877

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Bernini

Mailing Address 2804 Santa Ana

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22499

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Bernini

Mailing Address 2804 Santa Ana

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22812

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Bernini

Mailing Address 2804 Santa Ana

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23129

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Bernini

Mailing Address 2804 Santa Ana

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23528

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23878

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22500

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22813

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23130

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23529

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23879

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 15 2013

Transaction ID : SA11AI.22501

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22814

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23132

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23530

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23880

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22502

Amount of Each Receipt this Period

50.00

contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22815

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23133

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23531

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23881

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Erasto Canales

Mailing Address 105 Bluebird

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22817

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Erasto Canales

Mailing Address 105 Bluebird

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23135

Amount of Each Receipt this Period

125.00

contribution

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

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

300.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Erasto Canales

Mailing Address 105 Bluebird

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23533

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Erasto Canales

Mailing Address 105 Bluebird

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23883

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ricardo Canales

Mailing Address 408 Marigold

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22504

Amount of Each Receipt this Period

50.00

contribution

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ricardo Canales

Mailing Address 408 Marigold

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22818

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ricardo Canales

Mailing Address 408 Marigold

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23136

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ricardo Canales

Mailing Address 408 Marigold

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23534

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ricardo Canales

Mailing Address 408 Marigold

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2013			

Transaction ID : SA11AI.23884

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Desi Canals

Mailing Address 1912 Trinity

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			13			2013			

Transaction ID : SA11AI.23137

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Desi Canals

Mailing Address 1912 Trinity

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2013			

Transaction ID : SA11AI.23535

Amount of Each Receipt this Period

25.00

contribution

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

100.00

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

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

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for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Desi Canals

Mailing Address 1912 Trinity

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23885

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Alonzo Cantu

Mailing Address P.O.Box 2673

City State Zip Code
mcallen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22506

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Alonzo Cantu

Mailing Address P.O.Box 2673

City State Zip Code
mcallen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22820

Amount of Each Receipt this Period

400.00

contribution

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

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

825.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23138

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23536

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23886

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Cantu

Mailing Address 2409 Kiwi

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22507

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. David Cantu

Mailing Address 2409 Kiwi

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22821

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. David Cantu

Mailing Address 2409 Kiwi

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23139

Amount of Each Receipt this Period

30.00

contribution

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

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

90.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Cantu

Mailing Address 2409 Kiwi

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23537

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. David Cantu

Mailing Address 2409 Kiwi

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23887

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22508

Amount of Each Receipt this Period

50.00

contribution

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

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

110.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22822

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23140

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23538

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)..... ►

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23888

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22509

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22823

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City State Zip Code
 Pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23141

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City State Zip Code
 Pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23539

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City State Zip Code
 Pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23889

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2013

Transaction ID : SA11AI.22511

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : SA11AI.22825

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

Transaction ID : SA11AI.23143

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23541

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.23892

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22512

Amount of Each Receipt this Period

400.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22826

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23144

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23542

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23893

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23095

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23145

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23543

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23894

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Marissa Castaneda

Mailing Address 5021

Elk Lane

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22513

Amount of Each Receipt this Period

50.00

contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marissa Castaneda

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22827

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Marissa Castaneda

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23146

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Marissa Castaneda

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23544

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marissa Castaneda

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

B. Mr. Rogelio Castillo

Mailing Address 2704 E. 20th Street

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23545

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Rogelio Castillo

Mailing Address 2704 E. 20th Street

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23896

Amount of Each Receipt this Period

25.00

contribution

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

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

100.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 15 2013

Transaction ID : SA11AI.22514

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22828

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23148

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23546

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23897

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22515

Amount of Each Receipt this Period

125.00

contribution

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

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

625.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22829

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23149

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 11 2013

Transaction ID : SA11AI.23548

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23898

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. R. Chandrasekharan

Mailing Address 1210 East 8th street
suite 1

City
weslaco

State
TX

Zip Code
78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22516

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. R. Chandrasekharan

Mailing Address 1210 East 8th street
suite 1

City
weslaco

State
TX

Zip Code
78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22830

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23150

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23549

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
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 only)..... ►

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22518

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22831

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23151

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23550

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.23900

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City State Zip Code
 mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22519

Amount of Each Receipt this Period

125.00

contribution

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

325.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22832

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23152

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23551

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City State Zip Code
 mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23901

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22520

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.22833

Amount of Each Receipt this Period

100.00

contribution

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

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

325.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23153

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23553

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23903

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22521

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 09 2013

Transaction ID : SA11AI.22834

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23154

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 only)..... ►

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23554

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23904

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22522

Amount of Each Receipt this Period

50.00

contribution

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

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

450.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22835

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23155

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23555

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23905

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22523

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22836

Amount of Each Receipt this Period

250.00

contribution

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

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

550.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23156

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23556

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23906

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

B. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

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)

C. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23157

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23557

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23907

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22525

Amount of Each Receipt this Period

150.00

contribution

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

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

250.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22838

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23158

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23558

Amount of Each Receipt this Period

150.00

contribution

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

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

450.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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)

A. James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23908

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22526

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22839

Amount of Each Receipt this Period

250.00

contribution

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

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

650.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23159

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23559

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23909

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22527

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22840

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23160

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

Transaction ID : SA11AI.23560

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2013

Transaction ID : SA11AI.23910

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Jorge De La Garza

Mailing Address 120 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Transaction ID : SA11AI.22528

Amount of Each Receipt this Period

250.00

contribution

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

350.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 09 2013

Transaction ID : SA11AI.22841

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23161

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23561

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge De La Garza

Mailing Address 120 Condor

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : SA11AI.23911

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City	State	Zip Code
Mcallen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2013

Transaction ID : SA11AI.22530

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City	State	Zip Code
Mcallen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : SA11AI.22843

Amount of Each Receipt this Period

150.00

contribution

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

550.00

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

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

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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)

A. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23163

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23564

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23914

Amount of Each Receipt this Period

150.00

contribution

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

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

450.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Parul Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22531

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Parul Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

C. Dr. Parul Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

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)..... ►

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

300.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Parul Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23565

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Parul Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23915

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Satish D. Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22532

Amount of Each Receipt this Period

50.00

contribution

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

250.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Satish D. Desai

Mailing Address 7004 North 1st

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22845

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Satish D. Desai

Mailing Address 7004 North 1st

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23165

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Satish D. Desai

Mailing Address 7004 North 1st

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23566

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Satish D. Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23916

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Ted Disque

Mailing Address 501 Iris

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23917

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Duran

Mailing Address 1615 Palazzo

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22534

Amount of Each Receipt this Period

250.00

contribution

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

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

320.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22847

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23167

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23568

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23918

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23168

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

c. Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23569

Amount of Each Receipt this Period

25.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23919

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Koththegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22536

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Koththegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22849

Amount of Each Receipt this Period

50.00

contribution

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

125.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23169

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23570

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23920

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Antonio Esparza

Mailing Address 136 W. Yucca

City

mcallent

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22537

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Antonio Esparza

Mailing Address 136 W. Yucca

City

mcallent

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22850

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Antonio Esparza

Mailing Address 136 W. Yucca

City

mcallent

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23170

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23571

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23921

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22538

Amount of Each Receipt this Period

100.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 09 2013

Transaction ID : SA11AI.22851

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23171

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23573

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23923

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Elena Falcon

Mailing Address 2212 Westway

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22539

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Elena Falcon

Mailing Address 2212 Westway

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22852

Amount of Each Receipt this Period

250.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23172

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23574

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23924

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22540

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.22853

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23173

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23575

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23925

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22541

Amount of Each Receipt this Period

100.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22854

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23174

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

979.84

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23576

Amount of Each Receipt this Period

79.84

contribution

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

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

279.84

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22542

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22855

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23175

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23577

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.23927

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Melissa P. Flores

Mailing Address 4420 East Mile 17 1/2

City State Zip Code
 Edinburg TX 78542

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23177

Amount of Each Receipt this Period

25.00

contribution

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

525.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Melissa P. Flores

Mailing Address 4420 East Mile 17 1/2

City

Edinburg

State

TX

Zip Code

78542

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23579

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Melissa P. Flores

Mailing Address 4420 East Mile 17 1/2

City

Edinburg

State

TX

Zip Code

78542

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23929

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22545

Amount of Each Receipt this Period

50.00

contribution

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

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

100.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22858

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23178

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 11 2013

Transaction ID : SA11AI.23580

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23930

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22546

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22859

Amount of Each Receipt this Period

400.00

contribution

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

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

850.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23179

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23581

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23931

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 15 2013

Transaction ID : SA11AI.22547

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22860

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23180

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elvin Garcia

Mailing Address 2800 Santa Teresa

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23582

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Elvin Garcia

Mailing Address 2800 Santa Teresa

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23932

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City
Mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22548

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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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

City State Zip Code
Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22861

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23181

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 11 2013

Transaction ID : SA11AI.23583

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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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

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23933

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Nancy Garcia

Mailing Address 1409 Dora Jeanne Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23935

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22550

Amount of Each Receipt this Period

400.00

contribution

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

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

670.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22863

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23183

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 11 2013

Transaction ID : SA11AI.23586

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23936

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22552

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23097

Amount of Each Receipt this Period

75.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23185

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23588

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

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)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22553

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22865

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23186

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23589

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.23939

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22554

Amount of Each Receipt this Period

250.00

contribution

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

450.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22866

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

C. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23591

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23941

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City State Zip Code
 Donna TX 78557

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23189

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City State Zip Code
 Donna TX 78557

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23593

Amount of Each Receipt this Period

25.00

contribution

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City

Donna

State

TX

Zip Code

78557

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23943

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22557

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22869

Amount of Each Receipt this Period

400.00

contribution

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

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

825.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23190

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23594

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23944

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Martin Garza

Mailing Address P.O. Box 180

City State Zip Code
 Linn TX 78563

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22558

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Martin Garza

Mailing Address P.O. Box 180

City State Zip Code
 Linn TX 78563

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 09 2013

Transaction ID : SA11AI.22870

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Martin Garza

Mailing Address P.O. Box 180

City State Zip Code
 Linn TX 78563

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23191

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Martin Garza

Mailing Address P.O. Box 180

City State Zip Code
 Linn TX 78563

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23595

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Martin Garza

Mailing Address P.O. Box 180

City State Zip Code
 Linn TX 78563

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.23945

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Rene Garza

Mailing Address 5404 N. 1st street

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2013

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 only)..... ►

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rene Garza

Mailing Address 5404 N. 1st street

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 09 2013

Transaction ID : SA11AI.22871

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Rene Garza

Mailing Address 5404 N. 1st street

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23192

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Rene Garza

Mailing Address 5404 N. 1st street

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23596

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rene Garza

Mailing Address 5404 N. 1st street

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23946

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City State Zip Code
Palmhurst TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22560

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City State Zip Code
Palmhurst TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22872

Amount of Each Receipt this Period

125.00

contribution

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

650.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23193

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23597

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23947

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22561

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22873

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23194

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23598

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23948

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22562

Amount of Each Receipt this Period

400.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22874

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23195

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23599

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23949

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22563

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22875

Amount of Each Receipt this Period

250.00

contribution

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23196

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23600

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23950

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22565

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22877

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23198

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23602

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23952

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22566

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22878

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23199

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23603

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23953

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Felipe Gomez

Mailing Address 2401 SE Augusta Square

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22567

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Felipe Gomez

Mailing Address 2401 SE Augusta Square

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.22879

Amount of Each Receipt this Period

50.00

contribution

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Felipe Gomez

Mailing Address 2401 SE Augusta Square

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23200

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Felipe Gomez

Mailing Address 2401 SE Augusta Square

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23604

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Felipe Gomez

Mailing Address 2401 SE Augusta Square

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23954

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22568

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22880

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23605

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23955

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Marco Gomez

Mailing Address 2705 Biltmore

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23202

Amount of Each Receipt this Period

25.00

contribution

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

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

425.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Marco Gomez

Mailing Address 2705 Biltmore

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24194

Amount of Each Receipt this Period

10.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Marissa Gomez-Martinez

Mailing Address 1203 Esther

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23957

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

c. Ms Linda P. Gonzales

Mailing Address 204 Oregano

City State Zip Code
 Edinburg TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 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 only)..... ►

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Linda P. Gonzales

Mailing Address 204 Oregano

City

Edinburg

State

TX

Zip Code

78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23608

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Linda P. Gonzales

Mailing Address 204 Oregano

City

Edinburg

State

TX

Zip Code

78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

C. Mr. Michael Gonzales

Mailing Address 204 Valenca

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23205

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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)

A. Mr. Michael Gonzales

Mailing Address 204 Valenca

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23609

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Michael Gonzales

Mailing Address 204 Valenca

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23959

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ada Gonzalez

Mailing Address P.O. Box 9817

City

alamo

State

TX

Zip Code

78516

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22573

Amount of Each Receipt this Period

75.00

contribution

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

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

125.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22885

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23206

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23610

Amount of Each Receipt this Period

75.00

contribution

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

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

225.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23960

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Aida Gonzalez

Mailing Address 311 E. Davis

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23961

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

C. Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22575

Amount of Each Receipt this Period

50.00

contribution

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

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

145.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22887

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23208

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23612

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23962

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Esteban Gonzalez

Mailing Address 2210 Monaco Drive

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22576

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Esteban Gonzalez

Mailing Address 2210 Monaco Drive

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22888

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Esteban Gonzalez

Mailing Address 2210 Monaco Drive

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23209

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Esteban Gonzalez

Mailing Address 2210 Monaco Drive

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23613

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Esteban Gonzalez

Mailing Address 2210 Monaco Drive

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23963

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburgState
TXZip Code
78539FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22577

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburgState
TXZip Code
78539FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22889

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburgState
TXZip Code
78539FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23210

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23614

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23964

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22578

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22890

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23211

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23616

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23966

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22579

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22891

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23212

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23617

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23967

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22580

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 09 2013

Transaction ID : SA11AI.22892

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23213

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23618

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23968

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22581

Amount of Each Receipt this Period

50.00

contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22893

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23214

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23619

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23969

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Daniel Guerra

Mailing Address 101 S. Broadway

City

State

Zip Code

Mcallen

TX

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22582

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Daniel Guerra

Mailing Address 101 S. Broadway

City

State

Zip Code

Mcallen

TX

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22894

Amount of Each Receipt this Period

400.00

contribution

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

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

850.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Daniel Guerra

Mailing Address 101 S. Broadway

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23215

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Daniel Guerra

Mailing Address 101 S. Broadway

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3700.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23620

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Daniel Guerra

Mailing Address 101 S. Broadway

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23970

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcy Guerra

Mailing Address 13337 Borolo Drive

City

edenburg

State

TX

Zip Code

78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22585

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcy Guerra

Mailing Address 13337 Borolo Drive

City

edenburg

State

TX

Zip Code

78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22896

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcy Guerra

Mailing Address 13337 Borolo Drive

City

edenburg

State

TX

Zip Code

78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23218

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcy Guerra

Mailing Address 13337 Borolo Drive

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23622

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcy Guerra

Mailing Address 13337 Borolo Drive

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23972

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Sarada Gummadi

Mailing Address 4404 Santa Fabiola

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23219

Amount of Each Receipt this Period

25.00

contribution

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

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

525.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sarada Gummadi

Mailing Address 4404 Santa Fabiola

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23623

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sarada Gummadi

Mailing Address 4404 Santa Fabiola

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23973

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City State Zip Code
ednburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22587

Amount of Each Receipt this Period

250.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22898

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23220

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23624

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23974

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Gutierrez

Mailing Address 511 N. Depot Road

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22588

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Gutierrez

Mailing Address 511 N. Depot Road

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22899

Amount of Each Receipt this Period

400.00

contribution

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

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

1050.00

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Gutierrez

Mailing Address 511 N. Depot Road

City
edenburg

State Zip Code
TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23221

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Gutierrez

Mailing Address 511 N. Depot Road

City
edenburg

State Zip Code
TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23625

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Gutierrez

Mailing Address 511 N. Depot Road

City
edenburg

State Zip Code
TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23975

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Miguel Gutierrez

Mailing Address 224 Lindberg

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22589

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Miguel Gutierrez

Mailing Address 224 Lindberg

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22900

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Miguel Gutierrez

Mailing Address 224 Lindberg

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23222

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23626

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23976

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City State Zip Code
 Penitas TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22590

Amount of Each Receipt this Period

50.00

contribution

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

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

550.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City State Zip Code
 Penitas TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22901

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City State Zip Code
 Penitas TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23224

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City State Zip Code
 Penitas TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23627

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City

Penitas

State

TX

Zip Code

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23977

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Victor Haddad

Mailing Address 4008 Burns Drive South

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22591

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Victor Haddad

Mailing Address 4008 Burns Drive South

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.22902

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 only)..... ►

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23225

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23628

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.23978

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22592

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22903

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23226

Amount of Each Receipt this Period

75.00

contribution

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

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

225.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23629

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23979

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Robert Helbing

Mailing Address 820 Tamarack

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22593

Amount of Each Receipt this Period

50.00

contribution

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Robert Helbing

Mailing Address 820 Tamarack

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22904

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Robert Helbing

Mailing Address 820 Tamarack

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23630

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Robert Helbing

Mailing Address 820 Tamarack

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23980

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Blake Hensler

Mailing Address 3414 Pricess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23631

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Blake Hensler

Mailing Address 3414 Pricess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23981

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Monica Hensler

Mailing Address 3414 Princess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23229

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Monica Hensler

Mailing Address 3414 Princess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23632

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Monica Hensler

Mailing Address 3414 Princess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23982

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22907

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23230

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23633

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ambrosio Hernandez

Mailing Address 2000 Dana

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23983

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Lisa Maria Hernandez

Mailing Address 3823 Inez

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23984

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

C. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22598

Amount of Each Receipt this Period

250.00

contribution

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

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

520.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22909

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23232

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23985

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Miguel Hernandez

Mailing Address 301 Bryan Nelson

City State Zip Code
Mission TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23636

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Miguel Hernandez

Mailing Address 301 Bryan Nelson

City State Zip Code
Mission TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23986

Amount of Each Receipt this Period

150.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 15 2013

Transaction ID : SA11AI.22599

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22910

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23233

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23637

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.23987

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22600

Amount of Each Receipt this Period

50.00

contribution

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

550.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22911

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23234

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23638

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23988

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Vincent Honrubia

Mailing Address 204 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22601

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Vincent Honrubia

Mailing Address 204 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22912

Amount of Each Receipt this Period

250.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23235

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23639

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23989

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Syed Husain

Mailing Address 7020 N. 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

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)

B. Dr. Syed Husain

Mailing Address 7020 N. 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

C. Dr. Syed Husain

Mailing Address 7020 N. 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23236

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Syed Husain

Mailing Address 7020 N. 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23640

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Syed Husain

Mailing Address 7020 N. 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23990

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22603

Amount of Each Receipt this Period

400.00

contribution

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

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

600.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 196 OF 479

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22914

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23237

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23641

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.23991

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jose E. Igoa

Mailing Address 3716 S 'J' Street

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22604

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Jose E. Igoa

Mailing Address 3716 S 'J' Street

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22915

Amount of Each Receipt this Period

125.00

contribution

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

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

650.00

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

Use separate schedule(s)
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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

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23238

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jose E. Igoa

Mailing Address 3716 S 'J' Street

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23642

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jose E. Igoa

Mailing Address 3716 S 'J' Street

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23992

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Marina Jacobson

Mailing Address 1505 Doherty

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23239

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Marina Jacobson

Mailing Address 1505 Doherty

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23644

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Marina Jacobson

Mailing Address 1505 Doherty

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.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 number only)..... ►

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Danielle Jinenez-Flores

Mailing Address 4212 Lebanon

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22606

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Danielle Jinenez-Flores

Mailing Address 4212 Lebanon

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23098

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Danielle Jinenez-Flores

Mailing Address 4212 Lebanon

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

850.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23240

Amount of Each Receipt this Period

250.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Danielle Jinenez-Flores

Mailing Address 4212 Lebanon

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

B. Dr. Danielle Jinenez-Flores

Mailing Address 4212 Lebanon

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23996

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Belinda Jordan

Mailing Address 2621 Trenton

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Belinda Jordan

Mailing Address 2621 Trenton

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.22918

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Belinda Jordan

Mailing Address 2621 Trenton

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23241

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Belinda Jordan

Mailing Address 2621 Trenton

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23647

Amount of Each Receipt this Period

50.00

contribution

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

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150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Belinda Jordan

Mailing Address 2621 Trenton

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23997

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Donna Joule

Mailing Address 708 S H Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23242

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Donna Joule

Mailing Address 708 S H Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23648

Amount of Each Receipt this Period

25.00

contribution

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

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

100.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Donna Joule

Mailing Address 708 S H Street

City

mcAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.23998

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City

mcAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22609

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City

mcAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22920

Amount of Each Receipt this Period

250.00

contribution

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

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

525.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
 mcAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23243

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
 mcAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23649

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
 mcAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.23999

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22610

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.22921

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23244

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23650

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24000

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22611

Amount of Each Receipt this Period

200.00

contribution

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

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

700.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22922

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 20 / 2013

Transaction ID : SA11AI.23245

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23651

Amount of Each Receipt this Period

200.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24001

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Kambiz Khademi

Mailing Address P.O.Box 3422

City State Zip Code
McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22612

Amount of Each Receipt this Period

40.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Kambiz Khademi

Mailing Address P.O.Box 3422

City State Zip Code
McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22923

Amount of Each Receipt this Period

40.00

contribution

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

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

280.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kambiz Khademi

Mailing Address P.O.Box 3422

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23246

Amount of Each Receipt this Period

40.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Kambiz Khademi

Mailing Address P.O.Box 3422

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23652

Amount of Each Receipt this Period

40.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Kambiz Khademi

Mailing Address P.O.Box 3422

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24002

Amount of Each Receipt this Period

40.00

contribution

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

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

120.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Salman Muhammad Khan

Mailing Address 3435 MacQuarie Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22613

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Salman Muhammad Khan

Mailing Address 3435 MacQuarie Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22924

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Salman Muhammad Khan

Mailing Address 3435 MacQuarie Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

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

150.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Salman Muhammad Khan

Mailing Address 3435 MacQuarie Drive

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23653

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Salman Muhammad Khan

Mailing Address 3435 MacQuarie Drive

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24003

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22614

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gholam Kiani

Mailing Address 213 e. Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22925

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gholam Kiani

Mailing Address 213 e. Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23248

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gholam Kiani

Mailing Address 213 e. Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23654

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gholam Kiani

Mailing Address 213 e. Xenops

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24004

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. John Kiker

Mailing Address 416 N. 17th Street

City
Donna

State
TX

Zip Code
78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22615

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. John Kiker

Mailing Address 416 N. 17th Street

City
Donna

State
TX

Zip Code
78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22926

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Kiker

Mailing Address 416 N. 17th Street

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23249

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. John Kiker

Mailing Address 416 N. 17th Street

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23655

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. John Kiker

Mailing Address 416 N. 17th Street

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24005

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 15 2013

Transaction ID : SA11AI.22616

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22927

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23250

Amount of Each Receipt this Period

150.00

contribution

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23656

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24006

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22617

Amount of Each Receipt this Period

250.00

contribution

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

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

550.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22928

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23251

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23658

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24007

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ramiro Leal

Mailing Address 601 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22618

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ramiro Leal

Mailing Address 601 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22929

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ramiro Leal

Mailing Address 601 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23252

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ramiro Leal

Mailing Address 601 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23660

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ramiro Leal

Mailing Address 601 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24009

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22619

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22930

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23253

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23661

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24010

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Rodrigo Lema

Mailing Address 124 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22620

Amount of Each Receipt this Period

50.00

contribution

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Rodrigo Lema

Mailing Address 124 Canary

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 09 2013

Transaction ID : SA11AI.22931

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Rodrigo Lema

Mailing Address 124 Canary

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23254

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Rick Lin

Mailing Address 5112 N. 10th Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23256

Amount of Each Receipt this Period

25.00

contribution

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

125.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Rick Lin

Mailing Address 5112 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23664

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Rick Lin

Mailing Address 5112 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24013

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Enrique Linan

Mailing Address 3003 Santo Olivia

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23257

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Enrique Linan

Mailing Address 3003 Santo Olivia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23665

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Enrique Linan

Mailing Address 3003 Santo Olivia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24014

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City

State

Zip Code

austin

TX

78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22624

Amount of Each Receipt this Period

400.00

contribution

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22935

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23258

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23666

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24015

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22625

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22936

Amount of Each Receipt this Period

100.00

contribution

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

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

600.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23259

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23667

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24016

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Segundo Lizardo

Mailing Address 800 Amethyst Drive

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23260

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Segundo Lizardo

Mailing Address 800 Amethyst Drive

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23668

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Segundo Lizardo

Mailing Address 800 Amethyst Drive

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24017

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22628

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22939

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22630

Amount of Each Receipt this Period

100.00

contribution

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22941

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23264

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23672

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24021

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Pamela Lopez

Mailing Address 413 N. Gay Drive

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23265

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Pamela Lopez

Mailing Address 413 N. Gay Drive

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23675

Amount of Each Receipt this Period

25.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Pamela Lopez

Mailing Address 413 N. Gay Drive

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24024

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sergio Lozano

Mailing Address 2309 Spicewood Drive

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23266

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Sergio Lozano

Mailing Address 2309 Spicewood Drive

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23676

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 only)..... ►

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sergio Lozano

Mailing Address 2309 Spicewood Drive

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24025

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22634

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22945

Amount of Each Receipt this Period

250.00

contribution

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

525.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Salil Mangi

Mailing Address 3801 Sundown Court East

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23268

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Salil Mangi

Mailing Address 3801 Sundown Court East

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23678

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Salil Mangi

Mailing Address 3801 Sundown Court East

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24027

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22635

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22946

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23269

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23679

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24028

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22636

Amount of Each Receipt this Period

400.00

contribution

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22947

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23270

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23680

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Manrique

Mailing Address 116 Cardinal

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24029

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22637

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.22949

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23271

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23682

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Martinez

Mailing Address 1903 W. Smith

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22638

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Martinez

Mailing Address 1903 W. Smith

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22950

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Martinez

Mailing Address 1903 W. Smith

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23272

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Martinez

Mailing Address 1903 W. Smith

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23683

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Martinez

Mailing Address 1903 W. Smith

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24031

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22639

Amount of Each Receipt this Period

100.00

contribution

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

600.00

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

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22951

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23273

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23684

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24032

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22640

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22952

Amount of Each Receipt this Period

250.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23274

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23685

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24033

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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)

A. Dr. Israel Mata

Mailing Address 2601 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22641

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Israel Mata

Mailing Address 2601 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22953

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Israel Mata

Mailing Address 2601 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23275

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Israel Mata

Mailing Address 2601 Lakeshore Drive

City	State	Zip Code
Edinburg	TX	78539

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

Transaction ID : SA11AI.23686

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Israel Mata

Mailing Address 2601 Lakeshore Drive

City	State	Zip Code
Edinburg	TX	78539

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : SA11AI.24034

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City	State	Zip Code
Mission	TX	78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2013

Transaction ID : SA11AI.22642

Amount of Each Receipt this Period

100.00

contribution

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

200.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22954

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23276

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23687

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 249 OF 479

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24035

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Kimberely McNutt

Mailing Address 7716 N. 27th

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23278

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Kimberely McNutt

Mailing Address 7716 N. 27th

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23690

Amount of Each Receipt this Period

25.00

contribution

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

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

150.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 250 OF 479

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Kimberly McNutt

Mailing Address 7716 N. 27th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24037

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Javier Media

Mailing Address 3601 Oakwood Lane

City

Mission

State

TX

Zip Code

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22645

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Javier Media

Mailing Address 3601 Oakwood Lane

City

Mission

State

TX

Zip Code

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22957

Amount of Each Receipt this Period

50.00

contribution

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

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

125.00

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

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

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(check only one)

PAGE 251 OF 479

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Javier Media

Mailing Address 3601 Oakwood Lane

City

State

Zip Code

Mission

TX

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23279

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Javier Media

Mailing Address 3601 Oakwood Lane

City

State

Zip Code

Mission

TX

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23691

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Javier Media

Mailing Address 3601 Oakwood Lane

City

State

Zip Code

Mission

TX

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24038

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22646

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22958

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23280

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23692

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24039

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Camen Martha Medina

Mailing Address 509 E. Yucca

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22647

Amount of Each Receipt this Period

50.00

contribution

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

850.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Camen Martha Medina

Mailing Address 509 E. Yucca

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22959

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Camen Martha Medina

Mailing Address 509 E. Yucca

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23281

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Camen Martha Medina

Mailing Address 509 E. Yucca

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23693

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Camen Martha Medina

Mailing Address 509 E. Yucca

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24040

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22648

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

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

850.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23282

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23694

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24041

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22649

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22961

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23283

Amount of Each Receipt this Period

90.00

contribution

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

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

270.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23695

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24042

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Juana Alicia Mejia

Mailing Address 5940 N. Old La Blanca

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23284

Amount of Each Receipt this Period

10.00

contribution

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

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

190.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Juana Alicia Mejia

Mailing Address 5940 N. Old La Blanca

City State Zip Code
Donna TX 78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23696

Amount of Each Receipt this Period

10.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Juana Alicia Mejia

Mailing Address 5940 N. Old La Blanca

City State Zip Code
Donna TX 78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24043

Amount of Each Receipt this Period

10.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Salvador Mendez Jr.

Mailing Address 104 SE Greenbriar Square

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24044

Amount of Each Receipt this Period

20.00

contribution

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

40.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22652

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22964

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23286

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23698

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24045

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Scott Meyer

Mailing Address 2100 School Lane

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22653

Amount of Each Receipt this Period

35.00

contribution

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

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

535.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Scott Meyer

Mailing Address 2100 School Lane

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22965

Amount of Each Receipt this Period

35.00

contribution

Full Name (Last, First, Middle Initial)

B. Scott Meyer

Mailing Address 2100 School Lane

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23287

Amount of Each Receipt this Period

35.00

contribution

Full Name (Last, First, Middle Initial)

C. Scott Meyer

Mailing Address 2100 School Lane

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23699

Amount of Each Receipt this Period

35.00

contribution

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

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

105.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Scott Meyer

Mailing Address 2100 School Lane

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24046

Amount of Each Receipt this Period

35.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Emil Milano

Mailing Address 225 E. Cornell

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22654

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Emil Milano

Mailing Address 225 E. Cornell

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22967

Amount of Each Receipt this Period

100.00

contribution

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

235.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23288

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23700

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24047

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22655

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.22968

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23289

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23702

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24049

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Samira T. Mohamed

Mailing Address 324 Heron

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22656

Amount of Each Receipt this Period

50.00

contribution

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samira T. Mohamed

Mailing Address 324 Heron

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22969

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samira T. Mohamed

Mailing Address 324 Heron

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23290

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Samira T. Mohamed

Mailing Address 324 Heron

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23703

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samira T. Mohamed

Mailing Address 324 Heron

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24050

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22657

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22970

Amount of Each Receipt this Period

100.00

contribution

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

250.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23291

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23705

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24052

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22658

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22971

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23292

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23706

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.24053

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Morales

Mailing Address 3325 Kent Lane

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22659

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Morales

Mailing Address 3325 Kent Lane

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22972

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Morales

Mailing Address 3325 Kent Lane

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23293

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Morales

Mailing Address 3325 Kent Lane

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23708

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Morales

Mailing Address 3325 Kent Lane

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24055

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Leonel Moreno

Mailing Address 1608 Woods Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22661

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Leonel Moreno

Mailing Address 1608 Woods Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22974

Amount of Each Receipt this Period

250.00

contribution

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

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

900.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23295

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23710

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24057

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sivakumari Nandipaty

Mailing Address 1509 N. Misty Lane

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 15 2013

Transaction ID : SA11AI.22662

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sivakumari Nandipaty

Mailing Address 1509 N. Misty Lane

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22975

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Sivakumari Nandipaty

Mailing Address 1509 N. Misty Lane

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23296

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sivakumari Nandipaty

Mailing Address 1509 N. Misty Lane

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23713

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sivakumari Nandipaty

Mailing Address 1509 N. Misty Lane

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

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)

C. Dr. Jesse Naranjo

Mailing Address 3301 N. Cynthia Lane

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22663

Amount of Each Receipt this Period

100.00

contribution

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

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

200.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jesse Naranjo

Mailing Address 3301 N. Cynthia Lane

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22976

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jesse Naranjo

Mailing Address 3301 N. Cynthia Lane

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23297

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jesse Naranjo

Mailing Address 3301 N. Cynthia Lane

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23714

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jesse Naranjo

Mailing Address 3301 N. Cynthia Lane

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24061

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22664

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22977

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 only)..... ►

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23298

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23715

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22665

Amount of Each Receipt this Period

100.00

contribution

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22978

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23299

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23716

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24063

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alfonso Ochoa

Mailing Address 1901 W. 18th Street

City State Zip Code
 Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.22979

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alfonso Ochoa

Mailing Address 1901 W. 18th Street

City State Zip Code
 Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23300

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alfonso Ochoa

Mailing Address 1901 W. 18th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23717

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alfonso Ochoa

Mailing Address 1901 W. 18th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24064

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Jessica Ochoa

Mailing Address 1920 Treasure Oak Drive

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23718

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)..... ►

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Jessica Ochoa

Mailing Address 1920 Treasure Oak Drive

City State Zip Code
 Harlingen TX 78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24065

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22666

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22981

Amount of Each Receipt this Period

100.00

contribution

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

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23302

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23719

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24066

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22667

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22982

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23303

Amount of Each Receipt this Period

100.00

contribution

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

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23720

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24067

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22668

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22983

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23304

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 11 2013

Transaction ID : SA11AI.23721

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24068

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22669

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22984

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23305

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23722

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24069

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. John Orfanos

Mailing Address 5416 N. Cynthia

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 15 2013

Transaction ID : SA11AI.22670

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. John Orfanos

Mailing Address 5416 N. Cynthia

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22985

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. John Orfanos

Mailing Address 5416 N. Cynthia

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23306

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. John Orfanos

Mailing Address 5416 N. Cynthia

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23723

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. John Orfanos

Mailing Address 5416 N. Cynthia

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.24070

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Jose Ortega

Mailing Address 2504 Xanthisma

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.24071

Amount of Each Receipt this Period

20.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Ortiz

Mailing Address 4501 N. Cynthia

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22672

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Ortiz

Mailing Address 4501 N. Cynthia

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22987

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Ortiz

Mailing Address 4501 N. Cynthia

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23308

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Ortiz

Mailing Address 4501 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23725

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Ortiz

Mailing Address 4501 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24072

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Armando Osio

Mailing Address 600 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22673

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Armando Osio

Mailing Address 600 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22988

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Armando Osio

Mailing Address 600 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23309

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Armando Osio

Mailing Address 600 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23726

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Armando Osio

Mailing Address 600 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24073

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22674

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22989

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23310

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23727

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24074

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 15 2013

Transaction ID : SA11AI.22675

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22990

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.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 number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23728

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24075

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Kip Owen

Mailing Address 2305 Red River

City State Zip Code
mcallen TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22676

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Kip Owen

Mailing Address 2305 Red River

City

mcallen

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22991

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Kip Owen

Mailing Address 2305 Red River

City

mcallen

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23312

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Kip Owen

Mailing Address 2305 Red River

City

mcallen

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23729

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Kip Owen

Mailing Address 2305 Red River

City
mcallen

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24076

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City
Edinburg

State
TX

Zip Code
78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22677

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City
Edinburg

State
TX

Zip Code
78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22992

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23313

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23731

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24078

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22678

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.22993

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23314

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23732

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.24079

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22679

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.22994

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23315

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23733

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24080

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Harold J. Pean

Mailing Address 700

Brazos

City State Zip Code
 Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22680

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Harold J. Pean

Mailing Address 700

Brazos

City State Zip Code
 Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.22995

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Harold J. Pean

Mailing Address 700

Brazos

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23316

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Harold J. Pean

Mailing Address 700

Brazos

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23734

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Harold J. Pean

Mailing Address 700

Brazos

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24081

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22681

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22996

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23317

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2013			

Transaction ID : SA11AI.23735

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2013			

Transaction ID : SA11AI.24082

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2013			

Transaction ID : SA11AI.22682

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22997

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23318

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23736

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24083

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22683

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.22998

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23319

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23737

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.24084

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 15 2013

Transaction ID : SA11AI.22684

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.22999

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23320

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23738

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24085

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Raul Pena

Mailing Address 3500 San Clemente

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22685

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

925.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul Pena

Mailing Address 3500 San Clemente

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23000

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Raul Pena

Mailing Address 3500 San Clemente

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23321

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Raul Pena

Mailing Address 3500 San Clemente

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23739

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul Pena

Mailing Address 3500 San Clemente

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24086

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Pedro Penalo

Mailing Address 906 S. Bridge

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23740

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Pedro Penalo

Mailing Address 906 S. Bridge

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24087

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
 mcallen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23322

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
 mcallen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23741

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
 mcallen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.24088

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 only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Florencia Perez

Mailing Address 4600 Victoria

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 15 2013

Transaction ID : SA11AI.22687

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Florencia Perez

Mailing Address 4600 Victoria

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.23002

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Florencia Perez

Mailing Address 4600 Victoria

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23323

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Florencia Perez

Mailing Address 4600 Victoria

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24089

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Francisco Perez

Mailing Address 4726 S. Jackson

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22688

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Francisco Perez

Mailing Address 4726 S. Jackson

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23003

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Francisco Perez

Mailing Address 4726 S. Jackson

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23324

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Francisco Perez

Mailing Address 4726 S. Jackson

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23742

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Francisco Perez

Mailing Address 4726 S. Jackson

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24090

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Irene Perez-Young

Mailing Address 109 N. Nueces Park Lane

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22689

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Irene Perez-Young

Mailing Address 109 N. Nueces Park Lane

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23004

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Irene Perez-Young

Mailing Address 109 N. Nueces Park Lane

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23325

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Irene Perez-Young

Mailing Address 109 N. Nueces Park Lane

City State Zip Code
 Harlingen TX 78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23743

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Irene Perez-Young

Mailing Address 109 N. Nueces Park Lane

City State Zip Code
 Harlingen TX 78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24091

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22690

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Claudia Pierson

Mailing Address 6912 N. Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23005

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Claudia Pierson

Mailing Address 6912 N. Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23326

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Claudia Pierson

Mailing Address 6912 N. Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23744

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24092

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Francisco Pina

Mailing Address 129 E. Jones

City State Zip Code
 Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23327

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Francisco Pina

Mailing Address 129 E. Jones

City State Zip Code
 Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23745

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Francisco Pina

Mailing Address 129 E. Jones

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24093

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Jessica Porras

Mailing Address 5128 North 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23328

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Jessica Porras

Mailing Address 5128 North 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23746

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Jessica Porras

Mailing Address 5128 North 10th Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24094

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22693

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23008

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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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)

A. Sergio Preciado

Mailing Address 521 E. Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23329

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Preciado

Mailing Address 521 E. Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23747

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Preciado

Mailing Address 521 E. Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24095

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Rosalba E. Puenta

Mailing Address 1701 N. Ebony

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22694

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Rosalba E. Puenta

Mailing Address 1701 N. Ebony

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.23009

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Rosalba E. Puenta

Mailing Address 1701 N. Ebony

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23330

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 only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Rosalba E. Puenta

Mailing Address 1701 N. Ebony

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23749

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Rosalba E. Puenta

Mailing Address 1701 N. Ebony

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24097

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Maria Quinteros

Mailing Address 702 South 1st Lane

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22695

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 329 OF 479

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Maria Quinteros

Mailing Address 702 South 1st Lane

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 09 2013

Transaction ID : SA11AI.23010

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Maria Quinteros

Mailing Address 702 South 1st Lane

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23331

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Maria Quinteros

Mailing Address 702 South 1st Lane

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23751

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)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Maria Quinteros

Mailing Address 702 South 1st Lane

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2013			

Transaction ID : SA11AI.24099

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2013			

Transaction ID : SA11AI.22696

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			09			2013			

Transaction ID : SA11AI.23011

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City	State	Zip Code
McAllen	TX	78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	13	/	2013

Transaction ID : SA11AI.23332

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City	State	Zip Code
McAllen	TX	78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	11	/	2013

Transaction ID : SA11AI.23752

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City	State	Zip Code
McAllen	TX	78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2013

Transaction ID : SA11AI.24100

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Ramirez

Mailing Address 5201 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22697

Amount of Each Receipt this Period

40.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Ramirez

Mailing Address 5201 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23012

Amount of Each Receipt this Period

40.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Samuel Ramirez

Mailing Address 5201 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23333

Amount of Each Receipt this Period

40.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Ramirez

Mailing Address 5201 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23753

Amount of Each Receipt this Period

40.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Ramirez

Mailing Address 5201 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24101

Amount of Each Receipt this Period

40.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Ramirez

Mailing Address 1608 Woods Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22698

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

330.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23013

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23334

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23754

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24102

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22699

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23014

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gustavo Ramos

Mailing Address 1301 S. Perking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23335

Amount of Each Receipt this Period

300.00

contribution

Full Name (Last, First, Middle Initial)

B. Gustavo Ramos

Mailing Address 1301 S. Perking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23755

Amount of Each Receipt this Period

300.00

contribution

Full Name (Last, First, Middle Initial)

C. Gustavo Ramos

Mailing Address 1301 S. Perking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24103

Amount of Each Receipt this Period

300.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Keith Ramos

Mailing Address P.O. Box 4412

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22700

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Keith Ramos

Mailing Address P.O. Box 4412

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 09 2013

Transaction ID : SA11AI.23015

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Keith Ramos

Mailing Address P.O. Box 4412

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23336

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)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Keith Ramos

Mailing Address P.O. Box 4412

City State Zip Code
McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23756

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Keith Ramos

Mailing Address P.O. Box 4412

City State Zip Code
McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24104

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23338

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23758

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24106

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23339

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23759

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.24107

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Shahid Rashid

Mailing Address 112 Canary

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22704

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Shahid Rashid

Mailing Address 112 Canary

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.23019

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Shahid Rashid

Mailing Address 112 Canary

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23340

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Shahid Rashid

Mailing Address 112 Canary

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23760

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Shahid Rashid

Mailing Address 112 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24108

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22705

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23020

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23341

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23761

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24109

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Vangala Reddy

Mailing Address 605 Tulip

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 15 2013

Transaction ID : SA11AI.22706

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Vangala Reddy

Mailing Address 605 Tulip

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.23021

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Vangala Reddy

Mailing Address 605 Tulip

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23342

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Vangala Reddy

Mailing Address 605 Tulip

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2013			

Transaction ID : SA11AI.23762

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Vangala Reddy

Mailing Address 605 Tulip

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2013			

Transaction ID : SA11AI.24110

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Manuel Reinoso

Mailing Address 1400 E Ridge suite 7

City	State	Zip Code
McAllen	TX	78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			13			2013			

Transaction ID : SA11AI.23343

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 only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Manuel Reinoso

Mailing Address 1400 E Ridge suite 7

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23763

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Manuel Reinoso

Mailing Address 1400 E Ridge suite 7

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24111

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. William Restrepo

Mailing Address 1117 S. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22708

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 09 2013

Transaction ID : SA11AI.23023

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23344

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23764

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24112

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Anna Reyes

Mailing Address 320 North 7th Street

City State Zip Code
McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22709

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Anna Reyes

Mailing Address 320 North 7th Street

City State Zip Code
McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23024

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Anna Reyes

Mailing Address 320 North 7th Street

City State Zip Code
McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23345

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Anna Reyes

Mailing Address 320 North 7th Street

City State Zip Code
McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23765

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Anna Reyes

Mailing Address 320 North 7th Street

City State Zip Code
McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24113

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)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22710

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23025

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23346

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 only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23766

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24114

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Homero Rivas

Mailing Address 100 E. Houston

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22711

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23026

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23347

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23767

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Homero Rivas

Mailing Address 100 E. Houston

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24115

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22712

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.23027

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23348

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24116

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22713

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23028

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23349

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23769

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24117

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Ofelia Rodriguez

Mailing Address 112 E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22715

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)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ofelia Rodriguez

Mailing Address 112 E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23030

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ofelia Rodriguez

Mailing Address 112 E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23351

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Ofelia Rodriguez

Mailing Address 112 E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23772

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ofelia Rodriguez

Mailing Address 112 E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24119

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sergio Rodriguez

Mailing Address 6105 N. 3rd

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.26

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24120

Amount of Each Receipt this Period

92.36

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Edgar Rodriguez

Mailing Address 815 Crown Circle

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22716

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

192.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Edgar Rodriguez

Mailing Address 815 Crown Circle

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23031

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Edgar Rodriguez

Mailing Address 815 Crown Circle

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23352

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Edgar Rodriguez

Mailing Address 815 Crown Circle

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23774

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Edgar Rodriquez

Mailing Address 815 Crown Circle

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2013			

Transaction ID : SA11AI.24121

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Emma rose Romero

Mailing Address 1501 Mercado Street

City

Mission

State

TX

Zip Code

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2013			

Transaction ID : SA11AI.24122

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Henry E. Ruiz

Mailing Address 208 W. Pelician

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2013			

Transaction ID : SA11AI.22718

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

270.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Henry E. Ruiz

Mailing Address 208 W. Pelician

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23033

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Henry E. Ruiz

Mailing Address 208 W. Pelician

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23354

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Henry E. Ruiz

Mailing Address 208 W. Pelician

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23776

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Henry E. Ruiz

Mailing Address 208 W. Pelician

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24123

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Robert Ruiz

Mailing Address 2524 James

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22719

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Robert Ruiz

Mailing Address 2524 James

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23034

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Ruiz

Mailing Address 2524 James

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23355

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Robert Ruiz

Mailing Address 2524 James

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23777

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Robert Ruiz

Mailing Address 2524 James

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24124

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)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22720

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23035

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23356

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23779

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24126

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22721

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.23036

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23357

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 11 2013

Transaction ID : SA11AI.23780

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 15 2013

Transaction ID : SA11AI.24127

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 15 2013

Transaction ID : SA11AI.22722

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.23037

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23358

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23781

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24128

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22723

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23038

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23359

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23782

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24129

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22724

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Salazar

Mailing Address 801 E Nolana Loop

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23039

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Salazar

Mailing Address 801 E Nolana Loop

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

C. Juan Salazar

Mailing Address 801 E Nolana Loop

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24130

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Leonardo Salcedo

Mailing Address 5409 N. 1st Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22725

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Leonardo Salcedo

Mailing Address 5409 N. 1st Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23040

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Leonardo Salcedo

Mailing Address 5409 N. 1st Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23361

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Leonardo Salcedo

Mailing Address 5409 N. 1st Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23784

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Leonardo Salcedo

Mailing Address 5409 N. 1st Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24131

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Benjamin Salinas

Mailing Address 801 W. 2th

City

Mercedes

State

TX

Zip Code

78578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24132

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mariano Salinas

Mailing Address 2203 Red River

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22726

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Mariano Salinas

Mailing Address 2203 Red River

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23041

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mariano Salinas

Mailing Address 2203 Red River

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23362

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mariano Salinas

Mailing Address 2203 Red River

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23786

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Mariano Salinas

Mailing Address 2203 Red River

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24133

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	3

Transaction ID : SA11AI.22727

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	3

Transaction ID : SA11AI.23042

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	3

Transaction ID : SA11AI.23363

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 only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23787

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24134

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

c. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City

State

Zip Code

mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22728

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.23043

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23364

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 11 2013

Transaction ID : SA11AI.23788

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 15 2013

Transaction ID : SA11AI.24135

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City State Zip Code
McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 15 2013

Transaction ID : SA11AI.22729

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City State Zip Code
McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.23044

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23365

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23789

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24136

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Elena Santoy

Mailing Address 416 N. 17th Street

City State Zip Code
Donna TX 78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22730

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Elena Santoy

Mailing Address 416 N. 17th Street

City State Zip Code
Donna TX 78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23045

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Elena Santoy

Mailing Address 416 N. 17th Street

City State Zip Code
Donna TX 78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23366

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Elena Santoy

Mailing Address 416 N. 17th Street

City State Zip Code
Donna TX 78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23791

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Elena Santoy

Mailing Address 416 N. 17th Street

City State Zip Code
Donna TX 78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24138

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Manuel Seas

Mailing Address 5714 N. 6th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22731

Amount of Each Receipt this Period

30.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Manuel Seas

Mailing Address 5714 N. 6th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23046

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Manuel Seas

Mailing Address 5714 N. 6th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23367

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Manuel Seas

Mailing Address 5714 N. 6th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Manuel Seas

Mailing Address 5714 N. 6th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24139

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Seiba

Mailing Address P. O. Box 4556

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22732

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Michael Seiba

Mailing Address P. O. Box 4556

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23047

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

530.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22733

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23048

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23369

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23793

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.24140

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22734

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23049

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23370

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23795

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2013			

Transaction ID : SA11AI.24142

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Herschel Siberman

Mailing Address 609 Tulip

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2013			

Transaction ID : SA11AI.22735

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Herschel Siberman

Mailing Address 609 Tulip

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			09			2013			

Transaction ID : SA11AI.23050

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Herschel Siberman

Mailing Address 609 Tulip

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23371

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Herschel Siberman

Mailing Address 609 Tulip

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23796

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Herschel Siberman

Mailing Address 609 Tulip

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24143

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2013

Transaction ID : SA11AI.22736

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : SA11AI.23051

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

Transaction ID : SA11AI.23372

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City	State	Zip Code
weslaco	TX	78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

Transaction ID : SA11AI.23799

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City	State	Zip Code
weslaco	TX	78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2013

Transaction ID : SA11AI.24146

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Hilda Solis

Mailing Address P.O.Box 3302

City	State	Zip Code
McAllen	TX	78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		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)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hilda Solis

Mailing Address P.O.Box 3302

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23800

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Hilda Solis

Mailing Address P.O.Box 3302

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24147

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Joel Solis

Mailing Address 405 E. Avocet

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22738

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23053

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23374

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23801

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Joel Solis

Mailing Address 405 E. Avocet

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24148

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22739

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23054

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23375

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23802

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24149

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nelson Spinetti

Mailing Address 2707 Cornerstone Blvd

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24150

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Nanjappa Sreenivas

Mailing Address 2610 Emerald Lake Drive

City State Zip Code
 Harlingen TX 78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23377

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Nanjappa Sreenivas

Mailing Address 2610 Emerald Lake Drive

City State Zip Code
 Harlingen TX 78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23804

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nanjappa Sreenivas

Mailing Address 2610 Emerald Lake Drive

City State Zip Code
 Harlingen TX 78550

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24151

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Raul Sustaita

Mailing Address 1602 Scobey

City State Zip Code
 Donna TX 78537

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23378

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

c. Mr. Raul Sustaita

Mailing Address 1602 Scobey

City State Zip Code
 Donna TX 78537

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23805

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 only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raul Sustaita

Mailing Address 1602 Scobey

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24152

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

c. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

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)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23379

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23806

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24153

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Wilson Sy

Mailing Address 6724 N.Cynthia

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2013

Transaction ID : SA11AI.22744

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Wilson Sy

Mailing Address 6724 N.Cynthia

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : SA11AI.23059

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Wilson Sy

Mailing Address 6724 N.Cynthia

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

Transaction ID : SA11AI.23380

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 only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Wilson Sy

Mailing Address 6724 N.Cynthia

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23807

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Wilson Sy

Mailing Address 6724 N.Cynthia

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24154

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Norma Tehran

Mailing Address 1616 Oaks Road

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23381

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Norma Tehran

Mailing Address 1616 Oaks Road

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23808

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Norma Tehran

Mailing Address 1616 Oaks Road

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24155

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22746

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 only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23061

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23382

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23809

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24156

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Erica Tijerina

Mailing Address 1202 South Gumwood

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24157

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jimmy Tiu

Mailing Address 7700 N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23384

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

295.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jimmy Tiu

Mailing Address 7700 N. Cynthia

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23811

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jimmy Tiu

Mailing Address 7700 N. Cynthia

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24158

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Trejo

Mailing Address 112 S. Broadway

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA11AI.22749

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23064

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23385

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23812

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Trejo

Mailing Address 112 S. Broadway

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24159

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22751

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23066

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23387

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23814

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24161

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Susan Turley

Mailing Address 312 Thunderbird

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22752

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Susan Turley

Mailing Address 312 Thunderbird

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 09 2013

Transaction ID : SA11AI.23067

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Susan Turley

Mailing Address 312 Thunderbird

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23388

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Susan Turley

Mailing Address 312 Thunderbird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23815

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Susan Turley

Mailing Address 312 Thunderbird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24162

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22753

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 411 OF 479

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23068

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23389

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23816

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24163

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Lourdes Uribe

Mailing Address 801 E. Nolana

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22754

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Lourdes Uribe

Mailing Address 801 E. Nolana

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23069

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lourdes Uribe

Mailing Address 801 E. Nolana

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23390

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Lourdes Uribe

Mailing Address 801 E. Nolana

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23817

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Lourdes Uribe

Mailing Address 801 E. Nolana

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24164

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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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22755

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23070

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23391

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23818

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24165

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22756

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23071

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23392

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23819

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.24166

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ravindra Veeramachaneni

Mailing Address 4404 Santa Fabiola

City State Zip Code
 Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.23393

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ravindra Veeramachaneni

Mailing Address 4404 Santa Fabiola

City State Zip Code
 Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.23820

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ravindra Veeramachaneni

Mailing Address 4404 Santa Fabiola

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24167

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Vela

Mailing Address P.O. Box 1909

City

State

Zip Code

Mission

TX

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22759

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Carlos Vela

Mailing Address P.O. Box 1909

City

State

Zip Code

Mission

TX

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23074

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Vela

Mailing Address P.O. Box 1909

City

State

Zip Code

Mission

TX

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23395

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Vela

Mailing Address P.O. Box 1909

City

State

Zip Code

Mission

TX

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23822

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Carlos Vela

Mailing Address P.O. Box 1909

City

State

Zip Code

Mission

TX

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24169

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22760

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23075

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23396

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23823

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.24170

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ramiro Verdoreen

Mailing Address 301 E. Newport

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2013

Transaction ID : SA11AI.22763

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23078

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23399

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23826

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ramiro Verdoreen

Mailing Address 301 E. Newport

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.24173

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Villalta

Mailing Address P. O. Box 1632

City
mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22765

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Villalta

Mailing Address P. O. Box 1632

City
mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23080

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Villalta

Mailing Address P. O. Box 1632

City State Zip Code
mission TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23401

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Villalta

Mailing Address P. O. Box 1632

City State Zip Code
mission TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23828

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22766

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 09 2013

Transaction ID : SA11AI.23081

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 13 2013

Transaction ID : SA11AI.23402

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 11 2013

Transaction ID : SA11AI.23829

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)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24176

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22767

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

C. Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23082

Amount of Each Receipt this Period

90.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Victor Villarreal

Mailing Address 901 W. Moore

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23403

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

B. Victor Villarreal

Mailing Address 901 W. Moore

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23831

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

C. Victor Villarreal

Mailing Address 901 W. Moore

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24179

Amount of Each Receipt this Period

90.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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)

A. Roger Vitko

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 15 / 2013

Transaction ID : SA11AI.22768

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Roger Vitko

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23083

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Roger Vitko

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23404

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Roger Vitko

Mailing Address 1017 south 1st

City State Zip Code
mcallen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23832

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Roger Vitko

Mailing Address 1017 south 1st

City State Zip Code
mcallen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24180

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22770

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23084

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23405

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23833

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24181

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22771

Amount of Each Receipt this Period

62.50

contribution

Full Name (Last, First, Middle Initial)

C. James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23085

Amount of Each Receipt this Period

62.50

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Webb

Mailing Address 312 Redbud

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 13 2013

Transaction ID : SA11AI.23406

Amount of Each Receipt this Period

62.50

contribution

Full Name (Last, First, Middle Initial)

B. James Webb

Mailing Address 312 Redbud

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 11 2013

Transaction ID : SA11AI.23834

Amount of Each Receipt this Period

62.50

contribution

Full Name (Last, First, Middle Initial)

C. James Webb

Mailing Address 312 Redbud

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 15 2013

Transaction ID : SA11AI.24182

Amount of Each Receipt this Period

62.50

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

187.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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)

A. Patrick Wilcox

Mailing Address 111 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22772

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Patrick Wilcox

Mailing Address 111 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23086

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Patrick Wilcox

Mailing Address 111 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23407

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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)

A. Patrick Wilcox

Mailing Address 111 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23835

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Patrick Wilcox

Mailing Address 111 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24183

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Sandra Yanez

Mailing Address 106 S. Alton Blvd

City
Alton

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23410

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Yanez

Mailing Address 106 S. Alton Blvd

City

Alton

State

TX

Zip Code

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23839

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Sandra Yanez

Mailing Address 106 S. Alton Blvd

City

Alton

State

TX

Zip Code

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24187

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22776

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23090

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23411

Amount of Each Receipt this Period

300.00

contribution

Full Name (Last, First, Middle Initial)

C. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23840

Amount of Each Receipt this Period

300.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24188

Amount of Each Receipt this Period

300.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22777

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23091

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23412

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23841

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24189

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : SA11AI.22778

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.23092

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23413

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.23842

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24190

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Livanía Zavala-Spinetti

Mailing Address 109 E Cornell

City State Zip Code
McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.23414

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Livanía Zavala-Spinetti

Mailing Address 109 E Cornell

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23843

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Livanía Zavala-Spinetti

Mailing Address 109 E Cornell

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

C. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.23094

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

09 / 13 / 2013

Transaction ID : SA11AI.23415

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.23844

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.24192

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

207414.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
07D D D /
16Y Y Y Y Y Y
2013**Transaction ID : SB21B.24200**

Amount of Each Disbursement this Period

2485.91

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
07D D D /
29Y Y Y Y Y Y
2013**Transaction ID : SB21B.24204**

Amount of Each Disbursement this Period

2485.89

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
08D D D /
13Y Y Y Y Y Y
2013**Transaction ID : SB21B.24208**

Amount of Each Disbursement this Period

2485.91

SUBTOTAL of Disbursements This Page (optional)..... ►

7457.71

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 26 2013

Transaction ID : SB21B.24212

Amount of Each Disbursement this Period

2485.89

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 09 2013

Transaction ID : SB21B.24214

Amount of Each Disbursement this Period

2485.91

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 23 2013

Transaction ID : SB21B.24218

Amount of Each Disbursement this Period

2486.02

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7457.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 446 OF 479

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
10D D D /
07Y Y Y Y Y Y
2013**Transaction ID : SB21B.24220**

Amount of Each Disbursement this Period

2486.02

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
10D D D /
21Y Y Y Y Y Y
2013**Transaction ID : SB21B.24221**

Amount of Each Disbursement this Period

2486.03

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
11D D D /
04Y Y Y Y Y Y
2013**Transaction ID : SB21B.24224**

Amount of Each Disbursement this Period

2486.03

SUBTOTAL of Disbursements This Page (optional)..... ►

7458.08

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013
Transaction ID : SB21B.24227

Amount of Each Disbursement this Period

2486.02

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2013
Transaction ID : SB21B.24230

Amount of Each Disbursement this Period

2485.89

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2013
Transaction ID : SB21B.24234

Amount of Each Disbursement this Period

2486.04

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7457.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 30 2013
Transaction ID : SB21B.24235

Amount of Each Disbursement this Period

2261.05

Full Name (Last, First, Middle Initial)

B. ATT

Mailing Address P.O. Box 930170

City Dallas State TX Zip Code 75393

Purpose of Disbursement
telephone land lines

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 23 2013
Transaction ID : SB21B.24216

Amount of Each Disbursement this Period

265.75

Full Name (Last, First, Middle Initial)

C. Delisi Communications

Mailing Address 823 Congress suite 1000b

City Austin State TX Zip Code 78701

Purpose of Disbursement
contract services - government relations

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 31 2013
Transaction ID : SB21B.24249

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7526.80

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2013

Transaction ID : SB21B.24209

Amount of Each Disbursement this Period

686.75

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2013

Transaction ID : SB21B.24225

Amount of Each Disbursement this Period

799.83

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Transaction ID : SB21B.24231

Amount of Each Disbursement this Period

710.57

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2197.15

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Nicole Gonzales-Leal

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2013

Mailing Address 2401 W. Rhin Drive

City	State	Zip Code
Edinburg	TX	78539

Transaction ID : SB21B.24295Purpose of Disbursement
contract labor

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

441.35

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Nicole Gonzales-Leal

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2013

Mailing Address 2401 W. Rhin Drive

City	State	Zip Code
Edinburg	TX	78539

Transaction ID : SB21B.24298Purpose of Disbursement
contract labor

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

406.35

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Nicole Gonzales-Leal

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2013

Mailing Address 2401 W. Rhin Drive

City	State	Zip Code
Edinburg	TX	78539

Transaction ID : SB21B.24299Purpose of Disbursement
contract labor

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

548.80

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1396.50

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

BORDER HEALTH FEDERAL PAC

A. Nicole Gonzales-Leal

00:

455.70

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. Nicole Gonzales-Leal

00

689.07

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C. Nicole Gonzales-Leal

00-

844.02

Candidate Name

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

1988.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 01 2013**Transaction ID : SB21B.24196**

Amount of Each Disbursement this Period

3634.48

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2013**Transaction ID : SB21B.24201**

Amount of Each Disbursement this Period

4232.12

Full Name (Last, First, Middle Initial)

C. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 23 2013**Transaction ID : SB21B.24211**

Amount of Each Disbursement this Period

4209.89

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12076.49

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2013

Transaction ID : SB21B.24217

Amount of Each Disbursement this Period

3870.98

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2013

Transaction ID : SB21B.24296

Amount of Each Disbursement this Period

3871.08

Full Name (Last, First, Middle Initial)

C. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2013

Transaction ID : SB21B.24228

Amount of Each Disbursement this Period

6189.85

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13931.91

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

BORDER HEALTH FEDERAL PAC

A. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposits - IRS

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.24238

Amount of Each Disbursement this Period

4022.05

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposits - IRS

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.24277

Amount of Each Disbursement this Period

696.59

Full Name (Last, First, Middle Initial)
C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City	State	Zip Code
McAllen	TX	78502

Purpose of Disbursement	
contract services - salary expenditure	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.24197

Amount of Each Disbursement this Period

1447.20

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6165.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2013
Transaction ID : SB21B.24199

Amount of Each Disbursement this Period

1238.50

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2013
Transaction ID : SB21B.24203

Amount of Each Disbursement this Period

1365.28

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2013
Transaction ID : SB21B.24207

Amount of Each Disbursement this Period

1365.28

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3969.06

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

BORDER HEALTH FEDERAL PAC

1365.28

1365.29

1365.27

4095.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 459 OF 479

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
10D D D /
04Y Y Y Y Y Y
2013**Transaction ID : SB21B.24219**

Amount of Each Disbursement this Period

1365.28

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
10D D D /
18Y Y Y Y Y Y
2013**Transaction ID : SB21B.24222**

Amount of Each Disbursement this Period

1365.28

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
11D D D /
01Y Y Y Y Y Y
2013**Transaction ID : SB21B.24223**

Amount of Each Disbursement this Period

1365.28

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4095.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2013
Transaction ID : SB21B.24226

Amount of Each Disbursement this Period

1365.28

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2013
Transaction ID : SB21B.24229

Amount of Each Disbursement this Period

1365.29

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2013
Transaction ID : SB21B.24233

Amount of Each Disbursement this Period

1365.28

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4095.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		27		2013

Mailing Address 213 Quail Court

City	State	Zip Code
McAllen	TX	78502

Transaction ID : SB21B.24237Purpose of Disbursement
contract services - salary expenditure

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1238.49

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Just Energy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2013

Mailing Address P.O. Box 650518

City	State	Zip Code
Dallas	TX	78265

Transaction ID : SB21B.24195Purpose of Disbursement
office electricity expenditure

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

233.12

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Just Energy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2013

Mailing Address P.O. Box 650518

City	State	Zip Code
Dallas	TX	78265

Transaction ID : SB21B.24284Purpose of Disbursement
office electricity expenditure

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

229.52

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1701.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Just Energy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Mailing Address P.O. Box 650518

City	State	Zip Code
Dallas	TX	78265

Transaction ID : SB21B.24288Purpose of Disbursement
office electricity expenditure

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

229.60

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2013

Mailing Address 4100 N. 23rd

City	State	Zip Code
McAllen	TX	78504

Transaction ID : SB21B.24281Purpose of Disbursement
paysmart payroll services

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

35.73

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Long Chilton LLP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2013

Mailing Address 4100 N. 23rd

City	State	Zip Code
McAllen	TX	78504

Transaction ID : SB21B.24285Purpose of Disbursement
paysmart payroll services

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

33.56

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

298.89

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Long Chilton LLP

Mailing Address 4100 N. 23rd

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
paysmart payroll services

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2013

Transaction ID : SB21B.24289

Amount of Each Disbursement this Period

41.68

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Mailing Address 4100 N. 23rd

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
paysmart payroll services

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2013

Transaction ID : SB21B.24297

Amount of Each Disbursement this Period

31.40

Full Name (Last, First, Middle Initial)

C. Long Chilton LLP

Mailing Address 4100 N. 23rd

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
paysmart payroll services

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		20		2013

Transaction ID : SB21B.24300

Amount of Each Disbursement this Period

46.56

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

119.64

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Long Chilton LLP

Mailing Address 4100 N. 23rd

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
paymart payroll services

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		20		2013

Transaction ID : SB21B.24306

Amount of Each Disbursement this Period

33.56

Full Name (Last, First, Middle Initial)

B. Peppers

Mailing Address 4620 North 10th Street

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
meeting/dinner for pac membership/guests

003

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

Transaction ID : SB21B.24283

Amount of Each Disbursement this Period

3282.03

Full Name (Last, First, Middle Initial)

C. Perkins Coie

Mailing Address 607 Fourteenth Street N.W.

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
legal fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2013

Transaction ID : SB21B.24291

Amount of Each Disbursement this Period

1858.63

SUBTOTAL of Disbursements This Page (optional)..... ►

5174.22

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Perkins Coie

Mailing Address 607 Fourteenth Street N.W.

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
legal fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		20		2013

Transaction ID : SB21B.24301

Amount of Each Disbursement this Period

1631.00

Full Name (Last, First, Middle Initial)

B. Perkins Coie

Mailing Address 607 Fourteenth Street N.W.

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
legal fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2013

Transaction ID : SB21B.24308

Amount of Each Disbursement this Period

2898.00

Full Name (Last, First, Middle Initial)

C. Sprint

Mailing Address P.O. Box 8077

City	State	Zip Code
London	KY	40742

Purpose of Disbursement
phone service expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2013

Transaction ID : SB21B.24286

Amount of Each Disbursement this Period

112.09

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4641.09

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sprint

Mailing Address P.O. Box 8077

City London State KY Zip Code 40742

Purpose of Disbursement
phone service expenditure

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 26 / 2013

Transaction ID : SB21B.24290

Amount of Each Disbursement this Period

111.71

Full Name (Last, First, Middle Initial)

B. Water Tower Village

Mailing Address 52211 N. McColl Road

City McAllen State TX Zip Code 78504

Purpose of Disbursement
office lease expenditure

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : SB21B.24280

Amount of Each Disbursement this Period

1331.25

Full Name (Last, First, Middle Initial)

C. Water Tower Village

Mailing Address 52211 N. McColl Road

City McAllen State TX Zip Code 78504

Purpose of Disbursement
office lease expenditure

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 03 / 2013

Transaction ID : SB21B.24292

Amount of Each Disbursement this Period

1331.25

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2774.21

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 467 OF 479

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Water Tower Village

Mailing Address 52211 N. McColl Road

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement
office lease expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2013

Transaction ID : SB21B.24303

Amount of Each Disbursement this Period

1331.25

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1331.25

111529.43

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. ALAMO PAC

Mailing Address 919 CONGRESS AVE SUITE 1400

City
AUSTINState
TXZip Code
78701Purpose of Disbursement
contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2013

Transaction ID : SB23.24257

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JOHN A BARRASSO

Mailing Address 6896 CASPER MOUNTAIN ROAD

City
CASPERState
WYZip Code
82601Purpose of Disbursement
contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: WY

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : SB23.24274

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. JOHN A BARRASSO

Mailing Address 6896 CASPER MOUNTAIN ROAD

City
CASPERState
WYZip Code
82601Purpose of Disbursement
contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: WY

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : SB23.24275

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JOHN J. BARROW

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

Mailing Address PO BOX 1001

City	State	Zip Code
AUGUSTA	GA	30903

Transaction ID : SB23.24268Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

JOHN J. BARROWCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District: 12

5000.00

Full Name (Last, First, Middle Initial)

B. JOHN J. BARROW

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

Mailing Address PO BOX 1001

City	State	Zip Code
AUGUSTA	GA	30903

Transaction ID : SB23.24269Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

JOHN J. BARROWCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District: 12

5000.00

Full Name (Last, First, Middle Initial)

C. CONAWAY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

Mailing Address PO BOX 51272

City	State	Zip Code
MIDLAND	TX	79710

Transaction ID : SB23.24261Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

CONAWAY FOR CONGRESSCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 11

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. CONAWAY FOR CONGRESS

Mailing Address PO BOX 51272

City MIDLAND	State TX	Zip Code 79710
-----------------	-------------	-------------------

Purpose of Disbursement
contribution

011

Candidate Name

CONAWAY FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

Transaction ID : SB23.24262

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. John Cornyn

Mailing Address 517 Hart Senate Office Building

City Washington	State DC	Zip Code 20510
--------------------	-------------	-------------------

Purpose of Disbursement
contribution

011

Candidate Name

John CornynCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Transaction ID : SB23.24263

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CROWLEY FOR CONGRESS

Mailing Address 84-56 GRAND AVENUE

City ELMHURST	State NY	Zip Code 11373
------------------	-------------	-------------------

Purpose of Disbursement
contribution

011

Candidate Name

CROWLEY FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : SB23.24266

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. CROWLEY FOR CONGRESS

Mailing Address 84-56 GRAND AVENUE

City	State	Zip Code
ELMHURST	NY	11373

Purpose of Disbursement
contribution

011

Candidate Name

CROWLEY FOR CONGRESSCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : SB23.24267

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. RANDOLPH BLAKE FARENTHOLD

Mailing Address PO BOX 3369

City	State	Zip Code
CORPUS CHRISTI	TX	78463

Purpose of Disbursement
contribution

011

Candidate Name

RANDOLPH BLAKE FARENTHOLDCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2013

Transaction ID : SB23.24270

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. RANDOLPH BLAKE FARENTHOLD

Mailing Address PO BOX 3369

City	State	Zip Code
CORPUS CHRISTI	TX	78463

Purpose of Disbursement
contribution

011

Candidate Name

RANDOLPH BLAKE FARENTHOLDCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2013

Transaction ID : SB23.24271

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JOE GARCIAMailing Address 4710 SW 67TH AVENUE
#H7

City MIAMI State FL Zip Code 33155

Purpose of Disbursement
contribution

Candidate Name

JOE GARCIAOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2013

Transaction ID : SB23.24259

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JOE GARCIAMailing Address 4710 SW 67TH AVENUE
#H7

City MIAMI State FL Zip Code 33155

Purpose of Disbursement
contribution

Candidate Name

JOE GARCIAOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2013

Transaction ID : SB23.24260

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement
contribution

Candidate Name

RAYMOND E. 'GENE' GREENOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

Transaction ID : SB23.24250

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. GENE GREEN CONGRESSIONAL CAMPAIGN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

Mailing Address PO BOX 16128

City	State	Zip Code
HOUSTON	TX	77222

Transaction ID : SB23.24251Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

RAYMOND E. 'GENE' GREENCategory/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 29

Full Name (Last, First, Middle Initial)

B. RAUL M GRIJALVA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2013

Mailing Address PO Box 1242

City	State	Zip Code
Tucson	AZ	85702

Transaction ID : SB23.24253Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AZ District: 07

Full Name (Last, First, Middle Initial)

C. RAUL M GRIJALVA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2013

Mailing Address PO Box 1242

City	State	Zip Code
Tucson	AZ	85702

Transaction ID : SB23.24254Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AZ District: 07

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. PATRICK MURPHY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2013

Mailing Address 4521 PGA BLVD. #412

City	State	Zip Code
PALM BEACH GARDENS	FL	33418

Transaction ID : SB23.24272Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

PATRICK MURPHYCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 18

Full Name (Last, First, Middle Initial)

B. PATRICK MURPHY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2013

Mailing Address 4521 PGA BLVD. #412

City	State	Zip Code
PALM BEACH GARDENS	FL	33418

Transaction ID : SB23.24273Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

PATRICK MURPHYCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 18

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2013

Mailing Address 425 SECOND STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

Transaction ID : SB23.24258Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

15000.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. NEW AMERICANS FUNDMailing Address 236 MASSACHUSETTS AVENUE NE
SUITE 603

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
contribution

Candidate Name

NEW AMERICANS FUNDOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Transaction ID : SB23.24248

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ROBERT (BETO) O'ROURKE

Mailing Address 1209 PROSPECT STREET

City EL PASO State TX Zip Code 79902

Purpose of Disbursement
contribution

Candidate Name

ROBERT (BETO) O'ROURKEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2013

Transaction ID : SB23.24255

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ROBERT (BETO) O'ROURKE

Mailing Address 1209 PROSPECT STREET

City EL PASO State TX Zip Code 79902

Purpose of Disbursement
contribution

Candidate Name

ROBERT (BETO) O'ROURKEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2013

Transaction ID : SB23.24256

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. REPUBLICAN PARTY OF TEXAS

Mailing Address 1108 LAVACA STREET, SUITE 500

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
contribution

Candidate Name

011

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2013

Transaction ID : SB23.24252

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. RUIZ 2012 VICTORY FUND

Mailing Address PO BOX 6116

City	State	Zip Code
LA QUINTA	CA	92248

Purpose of Disbursement
contribution

Candidate Name

RUIZ 2012 VICTORY FUND

011

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SB23.24276

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. KYRSTEN SINEMA

Mailing Address PO BOX 25879

City	State	Zip Code
TEMPE	AZ	85285

Purpose of Disbursement
contribution

Candidate Name

KYRSTEN SINEMA

011

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Transaction ID : SB23.24264

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 477 OF 479

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. KYRSTEN SINEMA

Mailing Address PO BOX 25879

City
TEMPEState
AZZip Code
85285Purpose of Disbursement
contribution

Candidate Name

KYRSTEN SINEMAOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Transaction ID : SB23.24265

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

150000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 478 OF 479

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AC RentalsNature of Debt (Purpose):
rental space

Mailing Address PO Box 2673

City State

Zip Code

McAllen

TX

78502

Outstanding Balance Beginning This Period

900.00

Transaction ID : SD10.9553

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AC RentalsNature of Debt (Purpose):
rental space

Mailing Address PO Box 2673

City State

Zip Code

McAllen

TX

78502

Outstanding Balance Beginning This Period

900.00

Transaction ID : SD10.10053

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1800.00

2) **TOTALS** This Period (last page this line number only)..... ►

1800.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1800.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SD10

Transaction ID : SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10

Transaction ID: SD10.10053

rent expenditure for office for 1st quarter of 2009 incurred but not paid.