



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Border Health PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00055547
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 75,008.88
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 31,500.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 673,992.11
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Ernie Perez  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Border Health PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00055547
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 75,008.88
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 31,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 13,127.15
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 523.88

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/76 Rpt: 4/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ilinas-Cepeda, Jose Alejandro (Dr.)	<b>7</b> Amount of Contribution (\$)  \$80.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) physician		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aboujamous, Riad (Mr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abreu, Charity (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abreu MD, Richard (Mr.)	Amount of Contribution (\$)  \$150.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Agapito, Adrian (Dr.)	Amount of Contribution (\$)  \$6.88
	Contributor address; City; State; Zip Code  Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/76 Rpt: 5/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahmed, Adnam (Dr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self-employed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alam, Golam (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alexander, Justin (Mr.)	Amount of Contribution (\$) \$17.25
	Contributor address; City; State; Zip Code  Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alhroob, Assad (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ali, Sardar (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Private investor		Employer (See Instructions) self employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/76 Rpt: 6/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aliseda, Ernest (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$68.83
<b>8</b> Principal occupation / Job title (See Instructions) Private Investor		<b>9</b> Employer (See Instructions) Self-employed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allan, Tareq (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$51.71
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Spencer (Mr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$120.29
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alleyn, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  Mcallen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almedia, Hillary (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/76 Rpt: 7/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almedia, Jose (Dr.)	<b>7</b> Amount of Contribution (\$)  \$51.75
	<b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78015	
<b>8</b> Principal occupation / Job title (See Instructions) physician		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alsabagh, Mourad (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarez, Michelle (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apolinario, Jumar (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aquino, Eduardo (Dr.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/76 Rpt: 8/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arafat, Numan (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	
<b>8</b> Principal occupation / Job title (See Instructions) doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aranguena Sharpe, Gudadalupe (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arellano-Rodriguez, Anabel (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Argenal, Rodrigo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arias-Viaud, Julio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/76 Rpt: 9/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arrazola, Pedro (Dr.)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Asase, Danilo (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Brownsville, TX 78526	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Asistores, Marilyn (Dr.)	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Asuage, Juan (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aude, Wady (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/76 Rpt: 10/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avelino, Arturo (Mr.)	<b>7</b> Amount of Contribution (\$)  \$68.75
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avila, Felipe (Dr.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ayers, Robert (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Badiga, Murthy (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barreda Jr., Raul (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/76 Rpt: 11/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Marcos (Mr.)	<b>7</b> Amount of Contribution (\$)  \$125.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) private business owner		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Richard (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Mission, TX 78573	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self-employed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bazan, Johnny (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernini, Juan (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bose, Ashley (Dr.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/76 Rpt: 12/83
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sarojini (Dr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code  McAllen, TX 78501	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bracamontes, Yvonne (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caceres, Enrique (Dr.)	Amount of Contribution (\$) \$71.82
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cadena, Sandra (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions) Self-employed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Ricardo (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/76 Rpt: 13/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canals, Desi (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78573	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantu, Alonzo (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantu, David (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantu, David (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantu, Leonel (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/76 Rpt: 14/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantu, Melissa (Ms.)	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Pharr, TX 78577		
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caporusso, Joseph M. (Dr.)	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  McAllen, TX 78501		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardenas, Carlos J. (Dr.)	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  McAllen, TX 78501		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardenas, Simon (Mr.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carreras, Jose (Dr.)	Amount of Contribution (\$)  \$400.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Dr		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/76 Rpt: 15/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castaneda, Marissa (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castillo, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castillo, Melany (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavazos - Salas, Norma (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Changlani, Mahesh (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/76 Rpt: 16/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chavez Paz, Juan (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) self-employed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chen, Di (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cherian, Ally (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper-Dockery, Dona (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) M.D		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cordoba-Kissee, Michelle (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) 78542		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/76 Rpt: 17/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cortes, Oscar (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Dr.		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cortez, Eseban (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cortinas, Diana (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cortinas, Guillermo A. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cortinas, Javier (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/76 Rpt: 18/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Edgar (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daley, Hearther (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Gorondo Arzamendi, Antonio (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Self-employed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De La Garza, Mia (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Leon, Monica (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/76 Rpt: 19/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deanda, David (Mr.)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78574	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Del Bosque, Oscar (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Desai, Parul (Dr.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Divino, Haydee T. (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duran, Alberto (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Mission, TX 78504	
Principal occupation / Job title (See Instructions) Dr		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/76 Rpt: 20/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ebreo, Ellie (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Echols, Minerva (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pharr, TX 78577	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elzaim, Haissam (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esparza, Antonio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pharr, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esparza, Cristina (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/76 Rpt: 21/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Espinoza, Manuel (Dr.)	<b>7</b> Amount of Contribution (\$) \$139.95
	<b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78550	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Estrellado, Johnny (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Falcon, Antonio (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Rio Grande, TX 78582	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Falcon, Maria Elena (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Maria (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Mcallen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/76 Rpt: 22/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Melissa (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78542	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Forse, Armour (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galindo, Eugenio (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Carlos (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Cynthia (Dr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/76 Rpt: 23/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Elvin (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Weslaco, TX 78596	
<b>8</b> Principal occupation / Job title (See Instructions) Dr.		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Hirlam (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Nancy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Norma A. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Oscar (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/76 Rpt: 24/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Pamela (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Ricardo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Samuel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Samuel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia Lopez, Javier (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 22/76 Rpt: 25/83
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrigos, Socrates (Dr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code  McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Eduardo (Mr.)	Amount of Contribution (\$) \$6.65
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Gavino (Mr.)	Amount of Contribution (\$) \$18.63
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jaime (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jesus (Dr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/76 Rpt: 26/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Joaquin (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Jose Rene (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Kareena (Mrs.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$) \$3.44
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Martin (Dr.) <hr/> Contributor address; City; State; Zip Code  Linn, TX 78563	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza Jr, Ruben (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$) \$18.83
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/76 Rpt: 27/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gelman, Lawrence (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  mcallen, TX 78503	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giraldo, Alvaro (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Felipe (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Juan Pablo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Marco (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/76 Rpt: 28/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Roland (Mr.)	<b>7</b> Amount of Contribution (\$) \$17.25
<b>6</b> Contributor address; City; State; Zip Code  San Juan, TX 78589		
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Victoria (Ms.)	Amount of Contribution (\$) \$19.66
Contributor address; City; State; Zip Code  Donna, TX 78537		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez-Martinez, Marissa (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Edinburg, TX 78539		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales, Elizabeth Ann (Ms.)	Amount of Contribution (\$) \$5.13
Contributor address; City; State; Zip Code  Alamo, TX 78516		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Ada (Mrs.)	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code  Alamo, TX 78516		
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/76 Rpt: 29/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Aida (Ms.)	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78542	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Alfredo (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Jaime A. (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Jesus (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78542	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Roberto (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/76 Rpt: 30/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez Jr, Alfonso (Mr.)	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Brownsville, TX 78521		
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griego, Enrique (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Pharr, TX 78577		
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guadarrama, Delisa (Dr.)	Amount of Contribution (\$) \$68.50
Contributor address; City; State; Zip Code  Edinburg, TX 78539		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guajardo, Maria Ruby (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  McAllen, TX 78503		
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guardia, Juan A. (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 28/76 Rpt: 31/83
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, Daniel (Dr.)	7 Amount of Contribution (\$)  \$1,000.00
	6 Contributor address; City; State; Zip Code  McAllen, TX 78501	
8 Principal occupation / Job title (See Instructions) doctor		9 Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, Deborah (Ms.)	Amount of Contribution (\$)  \$3.07
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, Ernesto (Mr.)	Amount of Contribution (\$)  \$95.99
	Contributor address; City; State; Zip Code  McAllen, TX 78502	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, R.Marcy (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78541	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gummadi, Sarada (Dr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/76 Rpt: 32/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutierrez, Marco (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutierrez, Alberto (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutierrez, Miguel (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guzman, Eduardo (Dr.) <hr/> Contributor address; City; State; Zip Code  Penitas, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haddad, Roberto (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/76 Rpt: 33/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haddad, Victor (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hance, Courtney (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Joseph (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Helbing, Robert (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hensler, Blake (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/76 Rpt: 34/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hensler, Monique (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Ambrosio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Cristela (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Daniel (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brownsville, TX 78520	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Lisa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 32/76 Rpt: 35/83
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Max (Dr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code  McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hinojosa, Martha (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoffman, Maria Ester (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Honrubia, Dynio (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Honrubia, Vincent (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/76 Rpt: 36/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Iglesias, Norma (Dr.)	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Igoa, Jose (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Irigoien, Fructuoso (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jelinek, Michael T (Dr.)	Amount of Contribution (\$) \$165.60
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez-Flores, Danielle (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/76 Rpt: 37/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joule, Donna-Gail (Dr.)	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501		
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalaf, Nelson (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Mcallen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kanhere, Gauri (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Rio Grande, TX 78582		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khademi, Kambiz (Mr.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  McAllen, TX 78502		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khan, Muhammad (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/76 Rpt: 38/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kiani, Gholam (Dr.)	<b>7</b> Amount of Contribution (\$)  \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kotaki, Mohammad H. (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kutugata, Jorge (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lares, Irene (Ms.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lares, Jose (Dr.)	Amount of Contribution (\$)  \$3.07
	Contributor address; City; State; Zip Code  Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/76 Rpt: 39/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lazaro, Fernando (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leal, Ramiro (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ledesma, Raul (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lema, Rodrigo (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lerma Jr., Ricardo (Mr.) <hr/> Contributor address; City; State; Zip Code  Mercedes, TX 78570	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/76 Rpt: 40/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Levine, Lyuba (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Limas, Flor (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lin, Rick (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linan, Enrique (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lineberger, Dale (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Manchaca, TX 78652	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/76 Rpt: 41/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lizcano, Mario (Mr.)	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loggiodice, Nelson (Mr.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Pharr, TX 78577	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loja, Wilmer (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Jose (Dr.)	Amount of Contribution (\$) \$44.20
	Contributor address; City; State; Zip Code  Palmhurst, TX 78573	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Pamela (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Pharr, TX 78577	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/76 Rpt: 42/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez Jr., Alfredo (Dr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Dr		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lozano, Rodolfo (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Mission, TX 78574	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lozano, Sergio (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mabulac, Deborah (Ms.)	Amount of Contribution (\$) \$8.62
	Contributor address; City; State; Zip Code  Edinburg, TX 78541	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malcom, Javier (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/76 Rpt: 43/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mangi, Salil (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Dr.		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mangoo-Karim, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Manoharan, Paulrajan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Manon, Jacinto (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Manrique, Carlos (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/76 Rpt: 44/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marichalar, Luis (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Private Investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marina, Jose Mario (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78573	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marquez, Luis A. (Mr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Ricardo (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-employed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mata, Israel (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/76 Rpt: 45/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mata, Nelson (Dr.)	<b>7</b> Amount of Contribution (\$)  \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	
<b>8</b> Principal occupation / Job title (See Instructions) Dr.		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathavan, Rajeen (Dr.)	Amount of Contribution (\$)  \$30.68
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCoy, Joseph (Dr.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNutt, Kimberly (Ms.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Bertha (Dr.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/76 Rpt: 46/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Javier (Dr.)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78574	
<b>8</b> Principal occupation / Job title (See Instructions) M.D.		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Lorena (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Martha Carmen (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Melecio (Dr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina Jr., Ricardo (Mr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/76 Rpt: 47/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mego, Carlos (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mejia, Juana (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Donna, TX 78557	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendez, Oscar (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendez, Salvador (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mercado, Manuel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/76 Rpt: 48/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, Scott (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Milano, Emil (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Milov, Simon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mirmohammadi, Rowena (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, Jo Ann (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78502	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/76 Rpt: 49/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mohamed, Carlos N. (Dr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mohamed, Samira (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mohme, Ruben (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moncada, Armando (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montes, Jorge A. (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/76 Rpt: 50/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montes, Laura (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morales, Carlos E (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moreno, Juan (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Alton, TX 78574	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moreno, Leonel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mulukutla, Surya Narayan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/76 Rpt: 51/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munoz, Roberto (Dr.)	<b>7</b> Amount of Contribution (\$)  \$68.50
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nagaraj, Namitha (Dr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nandipandy, S. (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nunez, Zoraly (Ms.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ochoa, Esmeralda (Mrs.)	Amount of Contribution (\$)  \$6.88
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/76 Rpt: 52/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ochoa, Kristy (Ms.)	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572		
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ogunlana, Victor (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ohabor, Chioma (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ohabor, Constantine (Ms.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olgin, Gaudencio (Dr.)	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code  Edinburg, TX 78539		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/76 Rpt: 53/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oliveira, Noel E (Dr.)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orfanos, John (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Otero, Fernando (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  mcallen, TX 78502	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owen, Kip (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ozuna, Ronnie (Mr.)	Amount of Contribution (\$) \$13.80
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/76 Rpt: 54/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padilla, Maritza (Ms.)	<b>7</b> Amount of Contribution (\$)  \$34.42
<b>6</b> Contributor address; City; State; Zip Code  Weslaco, TX 78599		
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palacios, Esteban (Mr.)	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Edinburg, TX 78540		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palacios Merchan, Juan Diego (Dr.)	Amount of Contribution (\$)  \$75.00
Contributor address; City; State; Zip Code  Edinburg, TX 78539		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palau Garza, Juan L. (Mr.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Pharr, TX 78577		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palimar, P (Dr.)	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/76 Rpt: 55/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pathak, Umesh Kumar (Dr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Weslaco, TX 78596	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pechero, Guillermo (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pena, Diamantina (Ms.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Mcallen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pena, Priscilla (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Mission, TX 78574	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pena, Raul (Dr.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/76 Rpt: 56/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pena, Victor (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78574	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peralez, Rosie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perez, Ernie (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78502-5360	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perez, Florencia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perez, Francisco (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/76 Rpt: 57/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perez, Guillermo (Dr.)	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perez, Nina (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peynado, Herrietta (Ms.)	Amount of Contribution (\$) \$25.68
	Contributor address; City; State; Zip Code  Mercedes, TX 78570	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierre-Louise, Michael (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-employed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pillai, Revi (Mr.)	Amount of Contribution (\$) \$6.85
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/76 Rpt: 58/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pope, Bill (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) M		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Preciado, Sergio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prieto-Harris, Roberto (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Puttagunta, Sobha (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quach, Tin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/76 Rpt: 59/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quinteros, Maria (Dr.)	<b>7</b> Amount of Contribution (\$)  \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rafols, Rafael (Dr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Physician/Self-employed		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Ernesto (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Luis (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Sergio (Mr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Personal		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/76 Rpt: 60/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramos, Keith (Dr.)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Weslaco, TX 78596	
<b>8</b> Principal occupation / Job title (See Instructions) M.D.		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramos, Thelma (Ms.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel, Mario (Mr.)	Amount of Contribution (\$) \$3.38
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel, Soraya (Mr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rao, Yohan (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/76 Rpt: 61/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reddy, Vangala J (Dr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reinoso, Manuel (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rios, Adriana (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Weslaco, TX 78599	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rios Jr, Jesus (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Jaime (Ms.)	Amount of Contribution (\$) \$3.42
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/76 Rpt: 62/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Jennifer (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robalino, Benjamin (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robles, Luis H. (Dr.) <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78520	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Edgar (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Maria (Ms.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78596	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/76 Rpt: 63/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Ofelia (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Sergio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez-Ayala, Heriberto (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78502	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez-Rico, Daniella (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruiz, Henry (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/76 Rpt: 64/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruiz, Rosalva (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Pharr, TX 78577	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, J.J (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Javier (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Jennifer (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Jessica (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mcallen, TX 78502	
Principal occupation / Job title (See Instructions) Private investor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/76 Rpt: 65/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Vanessa (Ms.)	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78541	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saffels, Nathan (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Safir, Larry (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Mcallen, TX 78503	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saladino, Nicole (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salazar, Juan J. (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/76 Rpt: 66/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saldivar, Aida (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Annabelle (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Mariano (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Miguel A. (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$6.88
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/76 Rpt: 67/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Samuel (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanchez, Elisa Garza (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanchez, Richard (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandoval, Gilberto (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brownsville, TX 78520	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandoval, Oscar (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edcouch, TX 78538	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/76 Rpt: 68/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarmiento Cano, Juan P. Javier (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seas, Manuel (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seiba, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Dr		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Serna, Samuel (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shuaib, Tawid (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/76 Rpt: 69/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siberman, Herschi (Dr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siedow, Stephen (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sifuentes, Pamela (Ms.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singh, Manish (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slavin, Dennis (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/76 Rpt: 70/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Solis, Hilda (Ms.)	<b>7</b> Amount of Contribution (\$)  \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Soto, Hector (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sustaita, Raul (Mr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Donna, TX 78537	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swarup, Jyothi (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sy, Wilson (Dr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/76 Rpt: 71/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tamez, Daniel (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Alton, TX 78573	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tey, Alejandro (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tharp, Maribel (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tijerina, Erica (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pharr, TX 78577	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Fadi (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/76 Rpt: 72/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tovar, Sandra (Ms.)	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504		
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trejo, Jose (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  McAllen, TX 78501		
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trevino, Ernesto	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trevino, Kyara J. (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  La Joya, TX 78560		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trevino, Lisa (Ms.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 70/76 Rpt: 73/83
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turley, Susan (Mrs.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code  McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) private business owner		9 Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twhiwa, Marcel (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uribe, Lourdes (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valladares, Teresa (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) M.D		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Jose, A (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Rio Grande, TX 78582	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/76 Rpt: 74/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Veeramachaneni, Ravindra (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vela, Carlos Ian (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vela, Efraim (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vela, Oscar Rene (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vela, Susana (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/76 Rpt: 75/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Velazquez, Orlando (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Velazquez, Rolando (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Raymondville, TX 78580	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vera, Eloy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Rio Grande City, TX 78582	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Rose Maria (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Veronica (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/76 Rpt: 76/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Victor (Dr.)	<b>7</b> Amount of Contribution (\$)  \$90.00
	<b>6</b> Contributor address; City; State; Zip Code  Pharr, TX 78577	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal Jr, Jaime (Dr.)	Amount of Contribution (\$)  \$6.88
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villegas, Gustavo (Mr.)	Amount of Contribution (\$)  \$34.37
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villescas III, Gavino M. (Mr.)	Amount of Contribution (\$)  \$44.74
	Contributor address; City; State; Zip Code  San Juan, TX 78589	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Viswamitra, Saroje (Dr.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/76 Rpt: 77/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Ray (Mr.)	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504		
<b>8</b> Principal occupation / Job title (See Instructions) private business owner		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wang, Ann (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Palmhurst, TX 78573		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Webb, James (Mr.)	Amount of Contribution (\$) \$62.50
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiernik, Paola (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  McAllen, TX 78501		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Teresa (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/76 Rpt: 78/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woloski, Deborah (Ms.)	<b>7</b> Amount of Contribution (\$) \$20.00
<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572		
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wong, Antonio (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yanez, Sandra (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Alton, TX 78573		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yarra, Subbarao (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zamir, Asif (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/76 Rpt: 79/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamora, Maria Luisa (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Zayed, Fuad (Dr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Alton, TX 78573	<b>Amount of Contribution (\$)</b> \$75.00
<b>Principal occupation / Job title (See Instructions)</b> physician		<b>Employer (See Instructions)</b> self-employed

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 80/83	<b>2</b> FILER NAME Border Health PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/10/2024	<b>5</b> Payee name Gonzalez, Adrian (Mr.)	
<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 255 S. Kansas Ave  Weslaco, TX 78596	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gonzalez, Adrian (Mr.)	Office sought Office held City of Weslaco Mayor
Date 01/18/2024	Payee name Guerra, Bobby (Rep.)	
Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1021 N. 10th suite B  McAllen, TX 78504	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guerra, Bobby (Rep.)	Office sought Office held State Representative District 41
Date 01/19/2024	Payee name Guerra, J.E. Eddie (Mr.)	
Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 711 El Cibolo Road  Edinburg, TX 78541	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guerra, J.E. Eddie (Mr.)	Office sought Office held Hidalgo County Sheriff



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 81/83	<b>2</b> FILER NAME Border Health PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 01/25/2024	<b>5</b> Payee name Villalobos, Javier (Mr.)	
<b>6</b> Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5804 N. 23rd St  McAllen, TX 78504	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Villalobos, Javier (Mr.)	Office sought  Office held City of McAllen Mayor

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date 01/10/2024	5 Payee name ADT commerical	
6 Amount (\$) 267.16 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O. box 219044  Kansas City, MO 64121	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) office security monitoring expenditure
Date 01/23/2024	Payee name Flores, JJ (Mr.)	
Amount (\$) 1,528.74 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 612 W. Nolana #415  McAllen, TX 78504	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) contract labor expenditure
Date 01/23/2024	Payee name Renaissance Cancer Foundation	
Amount (\$) 10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2717 Michael Angelo Drive  Edinburg, TX 78539	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Donation	(b) Description (See instructions regarding type of information required.) Donation
Date 01/05/2024	Payee name Water Tower Village, Ltd	
Amount (\$) 1,331.25 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5221 N McColl Road  Mcallen, TX 78502	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) office lease expenditure

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 83/83
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 12/31/2023	<b>5</b> Name of person from whom amount is received Lone Star National Bank	<b>8</b> Amount (\$) \$523.88
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  mcallen, TX 78502	
	<b>7</b> Purpose for which amount is received quarterly interest dividend	<input type="checkbox"/> Check if political contribution returned to filer