

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00055547	2 Total pages filed: 88
3 COMMITTEE NAME Border Health PAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		Date Received ELECTRONICALLY FILED 04/04/2024	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 612 W. Nolana, Ste. 340 McAllen, TX 78504		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. Ernie		Receipt # Amount	
NICKNAME LAST SUFFIX Perez		Date Processed	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 612 W. Nolana, Ste. 340 McAllen, TX 78504	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 612 W. Nolano, Ste. 340 McAllen, TX 78504	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (956) 994-9757	
9 REPORT TYPE		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)	
10 MONTHLY REPORT FILING DEADLINE		<input type="checkbox"/> January 5 <input checked="" type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5	
11 PERIOD COVERED		Month Day Year THROUGH Month Day Year 02/26/2024 03/25/2024	

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 89,011.88
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 65,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 653,105.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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

17 COMMITTEE NAME Border Health PAC		18 Filer ID (Ethics Commission Filers) 00055547
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 89,011.88
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	\$ 65,000.00
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	\$ 2,331.25
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/80 Rpt: 4/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ilinas-Cepeda, Jose Alejandro (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aboujamous, Riad (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abreu, Charity (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abreu, Ruben (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agapito, Adrian (Dr.)	Amount of Contribution (\$)
	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/80 Rpt: 5/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Adnam (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self-employed
Date 03/15/2024	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 03/22/2024	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 03/22/2024	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 03/22/2024	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/80 Rpt: 6/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aliseda, Ernest (Mr.)	7 Amount of Contribution (\$) \$68.83
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Private Investor		9 Employer (See Instructions) Self-employed
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allan, Tareq (Mr.)	Amount of Contribution (\$) \$51.71
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleyn, Robert (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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almedia, Hillary (Dr.)	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almedia, Jose (Dr.)	Amount of Contribution (\$) \$51.75
	Contributor address; City; State; Zip Code Boerne, TX 78015	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/80 Rpt: 7/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alsabagh, Mourad (Dr.)	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Edinburg, TX 78539		
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arafat, Numan (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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/80 Rpt: 8/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aranguena Sharpe, Gudadalupe (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arce, Daisy (Dr.)	Amount of Contribution (\$) \$696.91
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arellano-Rodriguez, Anabel (Ms.)	Amount of Contribution (\$) \$6.85
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Argenal, Rodrigo (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arias-Viaud, Julio (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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/80 Rpt: 9/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arrazola, Pedro (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	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 03/22/2024	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/80 Rpt: 10/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avelino, Arturo (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, Felipe (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayers, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Badiga, Murthy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barreda Jr., Raul (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/80 Rpt: 11/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Marcos (Mr.)	7 Amount of Contribution (\$) \$125.00
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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Ricardo (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bejarano, Jose (Dr.)	Amount of Contribution (\$) \$108.78
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/80 Rpt: 12/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernini, Juan (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sarojini (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 03/22/2024	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 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/80 Rpt: 13/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cadena, Sandra (Ms.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Private Investor		9 Employer (See Instructions) Self-employed
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Ricardo (Dr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canals, Desi (Dr.) <hr/> Contributor address; City; State; Zip Code Mission, TX 78573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/80 Rpt: 14/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Leonel (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Melissa (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caporusso, Joseph M. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos J. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Simon (Mr.)	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/80 Rpt: 15/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carreras, Jose (Dr.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) Dr		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castaneda, Marissa (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, James (Dr.)	Amount of Contribution (\$) \$34.25
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Melany (Dr.)	Amount of Contribution (\$) \$68.66
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos - Salas, Norma (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/80 Rpt: 16/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Changlani, Mahesh (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez Paz, Juan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self-employed
Date 03/22/2024	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 03/22/2024	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 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/80 Rpt: 17/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordoba-Kissee, Michelle (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) 78542		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronado, Cesar (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronado Garcia, Aida (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Brownsville, TX 78526	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortes, Oscar (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/80 Rpt: 18/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortinas, Diana (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Edgar (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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/80 Rpt: 19/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daley, Hearther (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Gorondo Arzamendi, Antonio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Self-employed
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza, Mia (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Leon, Monica (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deanda, David (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78574	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/80 Rpt: 20/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Bosque, Oscar (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Parul (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Divino, Haydee T. (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drinkards, Lee (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Alberto (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78504	
Principal occupation / Job title (See Instructions) Dr		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/80 Rpt: 21/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebreo, Ellie (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espinoza, Manuel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/80 Rpt: 22/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrellado, Johnny (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon, Antonio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rio Grande, TX 78582	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon, Maria Elena (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigl, Alexander (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/80 Rpt: 23/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Melissa (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78542	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	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 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Mary (Ms.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78503	Amount of Contribution (\$) \$87.46
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/80 Rpt: 24/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Cynthia (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Harlingen, TX 78550	
8 Principal occupation / Job title (See Instructions) doctor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Elvin (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Hirlam (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Nancy (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Norma A. (Dr.)	Amount of Contribution (\$) \$114.58
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/80 Rpt: 25/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Oscar (Dr.)	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Mission, TX 78572		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Pamela (Ms.)	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Ricardo (Dr.)	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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Samuel (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia Lopez, Javier (Mr.)	Amount of Contribution (\$) \$15.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/80 Rpt: 26/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	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 03/22/2024	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 03/22/2024	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 03/22/2024	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 03/22/2024	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/80 Rpt: 27/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Joaquin (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jose Rene (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Kareena (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Martin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Linn, TX 78563	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza Jr, Ruben (Mr.)	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/80 Rpt: 28/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelman, Lawrence (Dr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code mcallen, TX 78503	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giraldo, Alvaro (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Felipe (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Juan Pablo (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Marco (Mr.)	Amount of Contribution (\$) \$50.00
	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/80 Rpt: 29/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Mario (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Roland (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Victoria (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Donna, TX 78537	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez-Martinez, Marissa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Elizabeth Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Alamo, TX 78516	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/80 Rpt: 30/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ada (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Alamo, TX 78516	
8 Principal occupation / Job title (See Instructions) private business owner		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Aida (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78542	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Alfredo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Jaime A. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Jesus (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78542	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/80 Rpt: 31/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Roberto (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez Jr, Alfonso (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Brownsville, TX 78521	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Verley (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78574	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griego, Enrique (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadarrama, Delisa (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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/80 Rpt: 32/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guajardo, Maria Ruby (Dr.)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code McAllen, TX 78503		
8 Principal occupation / Job title (See Instructions) doctor		9 Employer (See Instructions)
Date 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Daniel (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 03/22/2024	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 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/80 Rpt: 33/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, R.Marcy (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78541	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guillen, Eduardo (Dr.)	Amount of Contribution (\$) \$88.57
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Alberto (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Marco (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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/80 Rpt: 34/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Miguel (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78501	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Eduardo (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Penitas, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haddad, Roberto (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haddad, Victor (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hance, Courtney (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/80 Rpt: 35/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Joseph (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helbing, Robert (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensler, Blake (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensler, Monique (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Ambrosio (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/80 Rpt: 36/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Cristela (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Daniel (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Brownsville, TX 78520	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Max (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 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/80 Rpt: 37/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Maria Ester (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iglesias, Norma (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)
Date 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/80 Rpt: 38/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irigoyen, Fructuoso (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78501	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joule, Donna-Gail (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)
Date 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/80 Rpt: 39/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalantari, Saeed (Mr.)	7 Amount of Contribution (\$) \$17.25
6 Contributor address; City; State; Zip Code Harlingen, TX 78552		
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanhare, 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 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiani, Gholam (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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/80 Rpt: 40/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kotaki, Mohammad H. (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lares, Jose (Dr.)	Amount of Contribution (\$) \$52.19
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazaro, Fernando (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/80 Rpt: 41/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Ramiro (Dr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Lyuba (Dr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$86.04
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/80 Rpt: 42/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limas, Flor (Dr.)	7 Amount of Contribution (\$) \$41.88
6 Contributor address; City; State; Zip Code McAllen, TX 78504		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Rick (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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linan, Enrique (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger, Dale (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Manchaca, TX 78652		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lizcano, Mario (Mr.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McAllen, TX 78501		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/80 Rpt: 43/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loggiodice, Nelson (Mr.)	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code Pharr, TX 78577		
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez Jr., Alfredo (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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/80 Rpt: 44/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Rodolfo (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Mission, TX 78574	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm , Javier Barney (Dr.)	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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangi, Salil (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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/80 Rpt: 45/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangoo-Karim, Robert (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marichalar, Luis (Mr.)	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/80 Rpt: 46/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marina, Jose Mario (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Mission, TX 78573	
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Luis A. (Mr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Arturo (Dr.)	Amount of Contribution (\$) \$551.11
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Matthew (Mr.)	Amount of Contribution (\$) \$258.69
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Ricardo (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/80 Rpt: 47/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mata, Israel (Dr.)	7 Amount of Contribution (\$) \$368.25
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mata, Nelson (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/80 Rpt: 48/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Bertha (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Javier (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Mission, TX 78574	
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/80 Rpt: 49/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina Jr., Ricardo (Mr.)	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mego, Carlos (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mejia, Juana (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Donna, TX 78557	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Oscar (Dr.)	Amount of Contribution (\$) \$165.60
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Salvador (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/80 Rpt: 50/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado, Manuel (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Scott (Mr.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milano, Emil (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milov, Simon (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirmohammadi, Rowena (Ms.)	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/80 Rpt: 51/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Jo Ann (Dr.)	7 Amount of Contribution (\$) \$3.72
	6 Contributor address; City; State; Zip Code McAllen, TX 78502	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohamed, Carlos N. (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/80 Rpt: 52/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montanez, Guillermo (Dr.)	7 Amount of Contribution (\$) \$1,163.34
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes, Jorge Jayne (Mr.)	Amount of Contribution (\$) \$35.21
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes, Laura (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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Carlos E (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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/80 Rpt: 53/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Juan (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Alton, TX 78574	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, 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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagaraj, Namitha (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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/80 Rpt: 54/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nandipandy, S. (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Weslaco, TX 78596	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Zoraly (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, Esmeralda (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, Kristy (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogunlana, Victor (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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/80 Rpt: 55/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohabor, Chioma (Ms.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Private Investor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliveira, Noel E (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 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/80 Rpt: 56/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otero, Fernando (Dr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code mcallen, TX 78502	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Maritza (Ms.)	Amount of Contribution (\$) \$34.42
	Contributor address; City; State; Zip Code Weslaco, TX 78599	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/80 Rpt: 57/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palacios Merchan, Juan Diego (Dr.)	7 Amount of Contribution (\$) \$75.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pathak, Umesh Kumar (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)
Date 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/80 Rpt: 58/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Diamantina (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Mcallen, TX 78504	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Omar (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Priscilla (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78574	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Raul (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Victor (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78574	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/80 Rpt: 59/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peralez, Rosie (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Private Investor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Guillermo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/80 Rpt: 60/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Nina (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78539	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peynado, Herrietta (Ms.) <hr/> Contributor address; City; State; Zip Code Mercedes, TX 78570	Amount of Contribution (\$) \$25.68
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierre-Louise, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-employed
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillai, Revi (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$7.24
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Bill (Dr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) M		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/80 Rpt: 61/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preciado, Sergio (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prieto-Harris, Roberto (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puttagunta, Sobha (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quach, Tin (Dr.)	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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinteros, Maria (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/80 Rpt: 62/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafols, Rafael (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Physician/Self-employed		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Ernesto (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Luis (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Sergio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Keith (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/80 Rpt: 63/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Thelma (Ms.)	7 Amount of Contribution (\$)
	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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel, Mario (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel, Soraya (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Yohan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reddy, Vangala J (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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/80 Rpt: 64/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinoso, Manuel (Dr.)	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Pharr, TX 78577		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Restrepo, Williams (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code McAllen, TX 78501		
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Jaime (Ms.)	Amount of Contribution (\$) \$3.61
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/80 Rpt: 65/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Jennifer (Ms.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robalino, Benjamin (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robles, Luis H. (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Brownsville, TX 78520	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Edgar (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Maria (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/80 Rpt: 66/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Ofelia (Dr.)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code McAllen, TX 78504		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sergio (Dr.)	Amount of Contribution (\$) \$18.75
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez-Ayala, Heriberto (Dr.)	Amount of Contribution (\$) \$17.85
Contributor address; City; State; Zip Code McAllen, TX 78502		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez-Rico, Daniella (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Henry (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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/80 Rpt: 67/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Jose (Mr.)	7 Amount of Contribution (\$) \$88.29
6 Contributor address; City; State; Zip Code Mission, TX 78534		
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Rosalva (Ms.)	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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, J.J (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Javier (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jennifer (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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/80 Rpt: 68/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jessica (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Mcallen, TX 78502	
8 Principal occupation / Job title (See Instructions) Private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Vanessa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78541	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saffels, Nathan (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safir, Larry (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mcallen, TX 78503	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saladino, Nicole (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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/80 Rpt: 69/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Juan J. (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saldivar, Aida (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Annabelle (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Elizabeth (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Mariano (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/80 Rpt: 70/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Miguel A. (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Samuel (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/80 Rpt: 71/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Oscar (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Edcouch, TX 78538	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento Cano, Juan P. Javier (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 03/22/2024	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 03/22/2024	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 (\$) \$5,056.96
Principal occupation / Job title (See Instructions) Dr		Employer (See Instructions)
Date 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/80 Rpt: 72/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shuaib, Tawid (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siberman, Herschi (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siedow, Stephen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sifuentes, Pamela (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Manish (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/80 Rpt: 73/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slavin, Dennis (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Weslaco, TX 78596	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Hilda (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto, Hector (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sustaita, Raul (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Donna, TX 78537	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swarup, Jyothi (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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/80 Rpt: 74/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sy, Wilson (Dr.)	7 Amount of Contribution (\$) \$146.48
6 Contributor address; City; State; Zip Code McAllen, TX 78504		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamez, Daniel (Mr.)	Amount of Contribution (\$) \$7.25
Contributor address; City; State; Zip Code Alton, TX 78573		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tey, Alejandro (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Edinburg, TX 78539		
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tharp, Maribel (Ms.)	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Erica (Ms.)	Amount of Contribution (\$) \$20.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/80 Rpt: 75/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Fadi (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tovar, Sandra (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trejo, Jose (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Ernesto	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Kyara J. (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code La Joya, TX 78560	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/80 Rpt: 76/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Lisa (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tulapati, Krishna (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turley, Susan (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twahiwa, Marcel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uribe, Lourdes (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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/80 Rpt: 77/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valladares, Teresa (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) M.D		9 Employer (See Instructions)
Date 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veeramachaneni, Ravindra (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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Carlos Ian (Mr.)	Amount of Contribution (\$) \$21.80
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Efraim (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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/80 Rpt: 78/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Efraim (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velazquez, Orlando (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/80 Rpt: 79/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Eloy (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Rio Grande City, TX 78582	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Rose Maria (Ms.)	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 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Veronica (Ms.)	Amount of Contribution (\$) \$217.40
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Victor (Dr.)	Amount of Contribution (\$) \$90.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal Jr, Jaime (Dr.)	Amount of Contribution (\$) \$7.27
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/80 Rpt: 80/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Gustavo (Mr.)	7 Amount of Contribution (\$) \$72.45
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villescas III, Gavino M. (Mr.)	Amount of Contribution (\$) \$47.24
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitko, Roger (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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Ray (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/80 Rpt: 81/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Ann (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Palmhurst, TX 78573	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, James (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiernik, Paola (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Teresa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woloski, Deborah (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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/80 Rpt: 82/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Antonio (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 03/22/2024	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 03/22/2024	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 03/22/2024	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)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamora, Maria Luisa (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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/80 Rpt: 83/88
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zayed, Fuad (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Alton, TX 78573	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) 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.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 84/88	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/06/2024	5 Payee name Burns, DeWayne (Rep.)	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 115 S. Main Street Suite 202 Cleburne, TX 76033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Burns, DeWayne (Rep.)	Office sought Office held State Representative District 58
Date 03/05/2024	Payee name Flazier, Frederick (Rep.)	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box2910 Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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 Flazier, Frederick (Rep.)	Office sought Office held State Representative District 61
Date 03/05/2024	Payee name Gerdes, Stan (Rep.)	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1011 Alley A Street, #B Bastrop, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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 Gerdes, Stan (Rep.)	Office sought Office held State Representative District 17

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.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 85/88	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/05/2024	5 Payee name Holland, Justin (Rep.)	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 101 E. Rusk St. #201 Rockwall, TX 75087	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Holland, Justin (Rep.)	Office sought Office held State Representative District 33
Date 03/05/2024	Payee name Jetton, Jacey (Rep.)	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 22333 Grand Corner Dr. Ste. 151 Katy, TX 77494	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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 Jetton, Jacey (Rep.)	Office sought Office held State Representative District 26
Date 03/07/2024	Payee name Klick, Stephanie (Rep.)	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6851 NE Loop 820 Suite 230 North Richland Hills, TX 76180	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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 Klick, Stephanie (Rep.)	Office sought Office held State Representative District 91

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.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 86/88	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/22/2024	5 Payee name Martinez Jr., Daniel (Mr.)	
6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3532 CatClaw Drive Rio Grande City, TX 78582	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Martinez Jr, Daniel (Mr.)	Office sought Starr County Hospital Board
Date 03/05/2024	Payee name Shaheen, Matt (Rep.)	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2910 Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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 Shaheen, Matt (Rep.)	Office held State Representative District 66
Date 03/25/2024	Payee name Stucky, Lynn (Rep.)	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 West Oak Street Suite 106 Denton, TX 76201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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 Stucky, Lynn (Rep.)	Office held State Representative District 64

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.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 87/88	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date 03/11/2024	5 Payee name Thimesch, Kronda (Rep.)	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6200 Canyon Falls Dr. Flower Mound, TX 76226	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Thimesch, Kronda (Rep.)	Office sought Office held State Representative District 65
Date 03/08/2024	Payee name VanDeaver, Gary (Rep.)	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 710 James Bowie Drive New Boston, TX 75570	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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 VanDeaver, Gary (Rep.)	Office sought Office held State Representative District 1
Date 02/28/2024	Payee name Vasquez, Keno (Judge)	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 N. Closner Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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 Vasquez, Keno (Judge)	Office sought Office held District Judge District 398

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 03/01/2024	5 Payee name Water Tower Village, Ltd	
6 Amount (\$) 2,331.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5221 N McColl Road Mcallen, TX 78502	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) lease rental expenditures