MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

F							
Т٢	he MPAC Instruction Guide explains how to complete this form. 1 Filer ID 2 Total pages filed: (Ethics Commission Filers) 00055547 81						
3	COMMITTEE NAME			OFFICE USE ONLY			
	Border Health PAC			Date Received			
Ļ				05/06/2024			
4	COMMITTEE ADDRESS		CITY; STATE; ZIP				
	ABBRECC	612 W. Nolana, Ste. 340					
		McAllen, TX 78504		Date Hand-delivered or Date Postmarked			
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI				
	NAME	Mr. Ernie		Receipt # Amount			
		NICKNAME LAST	SUFF	Date Processed			
		Perez		Date Imaged			
				Date imaged			
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; S	TATE; ZIP CODE			
ľ	TREASURER	612 W. Nolana, Ste. 340					
	STREET ADDRESS	012 W. Nolana, Ste. 340					
	(Residence or Business)						
		McAllen, TX 78504					
7	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	STATE; ZIP CODE			
	MAILING	612 W. Nolano, Ste. 340					
	ADDRESS						
	Change of Address	McAllen, TX 78504					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
	TREASURER PHONE	(956) 994-9757					
	THOME	(330) 334-3131					
9	REPORT TYPE	Monthly	10th day after campaign				
		X Monthly	L treasurer termination	Dissolution (Attach PAC-DR)			
10	MONTHLY						
	REPORT FILING DEADLINE	January 5 April	5 🛛 🗌 July 5	October 5			
	DEADLINE	February 5 X May	5 August 5	November 5			
		March 5 June	5 September 5	December 5			
11	PERIOD	Month Day Year	Month	n Day Year			
	COVERED	03/26/2024	HROUGH 04/25	5/2024			
		GO T	O PAGE 2				
E0	rms provided by Tex	as Ethics Commission www.etl	nics.state.tx.us	Version V4.1.0.e4187d4a			

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Border Health PAC			000555	47
14 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACHWIT	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain		B. Opposed		
paper to complete this report if necessary.)		- F.F		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if			
	applicable, classify by party.)			
15 CONTRIBUTION TOTALS) POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR		
	CONTRIBUTIONS M	ADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICA	qualifies for the higher itemization threshold L CONTRIBUTIONS		
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	76,363.12
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA			
		LEAPENDITORES	\$	12,500.00
	5. TOTAL POLITICAL C	CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY	
BALANCE	OF THE REPORTING	G PERIOD	\$	716,232.85
OUTSTANDING		AMOUNT OF ALL OUTSTANDING LOANS AS OF T		
LOAN TOTALS	LAST DAY OF THE F	REPORTING PERIOD	\$	0.00
16 AFFIDAVIT	1		l	
		I swear, or affirm, under penalty of pen true and correct and includes all inforr under Title 15, Election Code.		
			ie Perez	
		Signature of Car	npaign Trea	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of c	officer administering oath
u				Jan Berning Suth
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.e4187d4a

S	UBT	OTALS - MPAC	С	-	RM MPAC HEET PG 3 3 of 81
_		EE NAME ealth PAC	18 Filer ID 00055547	(Ethics Co	mmission Filers)
		E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	76,363.12
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
1(). X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	12,500.00
1:	🔲	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12	2.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
1:	B.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14	I. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	1,334.25
1	5. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	598.16

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/75 Rpt: 4/81 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/19/2024 llinas-Cepeda, Jose Alejandro (Dr.) \$80.00 6 Contributor address; City; State; Zip Code McAllen, TX 78504 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) physician Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 Aboujamous, Riad (Mr.) \$25.00 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/19/2024 Abreu, Charity (Dr.) \$250.00 Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 \$150.00 Abreu MD, Richard (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/19/2024 \$7.27 Agapito, Adrian (Dr.) Contributor address; City; State; Zip Code Pharr, TX 78577 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self-employed

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/75 Rpt: 5/81	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	ih PAC			00055547	·
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Ahmed, Adnam (Dr.)				\$100.00
	I	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		Edinburg, TX 78539				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician		Self-employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Alam, Golam (Dr.)				\$20.00
	1	Contributor address; City; State; Zip Code		1		
	I					
	I					
		McAllen, TX 78503	•			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/19/2024	Alexander, Justin (Mr.)				\$18.21
	I	Contributor address; City; State; Zip Code		1		
	I					
	l	Universe TV 70550				
	Duincipal accu	Harlingen, TX 78550		Ĺ		
	private inves	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	·			-		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	÷22.00
	04/19/2024	Alhroob, Assad (Dr.)				\$20.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Edinburg, TX 78539				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ן</u>		
	Doctor			5)		
╞		Full name of contributor out-of-state PAC (ID#:	<u> </u>	1	Amount of Contribution (\$)	
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#: Ali, Sardar (Mr.))			\$50.00
	0411312024			•		Ψ.Ο.ΟΟ
	I	Contributor address; City; State; Zip Code				
	I					
	I	Mission, TX 78572				
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Private inves		self employed			
⊢						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/75 Rpt: 6/81	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	th PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/19/2024	Aliseda, Ernest (Mr.)				\$72.67
		6 Contributor address; City; State; Zip Code		•		
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Private Inves	stor	Self-employed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	04/19/2024	Allan, Tareq (Mr.))			\$54.59
	04/13/2024					Ψ04.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	private inves			,		
⊢	-			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢1 000 00
	04/19/2024	Alleyn, Robert (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		Mcallen, TX 78504				
⊢	Drincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor			5)		
╞				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	A75 00
	04/19/2024	Almedia, Hillary (Dr.)				\$75.00
		Contributor address; City; State; Zip Code				
		MaAllan TX 79502				
	Dringinglaggy	McAllen, TX 78503				
	Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Almedia, Jose (Dr.)		1		\$50.24
		Contributor address; City; State; Zip Code				
		Boerne, TX 78015	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physician					
I						

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	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 4/75 Rpt: 7/81	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	-
4	Date	5 Full name of contributor out-of-state PAC ((ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Alsabagh, Mourad (Dr.)				\$250.00
	1	6 Contributor address; City; State; Zip Code		1		
	ļ					
		Edinburg, TX 78539				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ج)		
-	physician			-,		
╞	Date	Full name of contributor out-of-state PAC ((ID#:)	Г	Amount of Contribution (\$)	
	04/19/2024	Alvarez, Michelle (Ms.)	(ID#,			\$5.00
	0			1		T - - - - -
	ļ					
	ļ					
	ļ	McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	04/19/2024	Apolinario, Jumar (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
	ļ					
	1					
		Mission, TX 78572				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	doctor			-		
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	04/19/2024	Aquino, Edwardo (Dr.)				\$50.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		McAllen, TX 78504				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Doctor			5)		
╞		Full name of contributor Out-of-state PAC (Т	Amount of Contribution (\$)	
	Date 04/19/2024	Full name of contributor Out-of-state PAC (Arafat, Numan (Dr.)	(ID#:)			\$250.00
	04/13/2024			-		Ψ230.00
		Contributor address; City; State; Zip Code				
	ļ					
		McAllen, TX 78503				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	doctor					
┢			I			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/75 Rpt: 8/81 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 5 Full name of contributor 4 out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/19/2024 Aranguena Sharpe, Gudadalupe (Dr.) \$100.00 6 Contributor address; City; State; Zip Code McAllen, TX 78504 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physician Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$7.23 04/19/2024 Arellano-Rodriguez, Anabel (Ms.) Contributor address; City; State; Zip Code McAllen, TX 78501 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/19/2024 Argenal, Rodrigo (Dr.) \$20.00 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 \$100.00 Arias-Viaud, Julio (Dr.) Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/19/2024 \$250.00 Arrazola, Pedro (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/75 Rpt: 9/81	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7	Amount of Contribution (\$)	
	04/19/2024	Asase, Danilo (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Brownsville, TX 78526				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#	·)		Amount of Contribution (\$)	
	04/19/2024	Asistores, Marilyn (Dr.)				\$75.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Doctor					
⊢	Date	Full name of contributor Out-of-state PAC (ID#	I)	Г	Amount of Contribution (\$)	
	04/19/2024	Asuage, Juan (Dr.)	/		/ incant of Contribution (+)	\$250.00
	0 1/10/2021					\$200.00
		Contributor address, City, State, Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor					
╞	Date	Full name of contributor out-of-state PAC (ID#:	·)		Amount of Contribution (\$)	
	04/19/2024	Aude, Wady (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor					
⊨	Date	Full name of contributor out-of-state PAC (ID#:	·)	Г	Amount of Contribution (\$)	
	04/19/2024	Avelino, Arturo (Mr.)	/		/ incant of Contribution (+)	\$72.59
	0 1/20/2021					÷: <u> </u>
		Contributor address, City, State, Zip Code				
		McAllen, TX 78503				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 3)		
	private inves			-,		
⊢						

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/75 Rpt: 10/81	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date 04/19/2024	 5 Full name of contributor out-of-state PAC (ID#: Avila, Felipe (Dr.) 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1,000.00
		Weslaco, TX 78596				
8	Principal occu Doctor	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Ayers, Robert (Dr.)				\$100.00
		Contributor address; City; State; Zip Code McAllen, TX 78501				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor			,		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Badiga, Murthy (Dr.)				\$250.00
		Contributor address; City; State; Zip Code Weslaco, TX 78596				
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Barreda Jr., Raul (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Barrera, Marcos (Mr.)				\$125.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504	i			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private busir	ess owner				

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/75 Rpt: 11/81	
2 FILER NAME			3 Filer ID (Ethics Commissio	on Filers)
Border Healt	:h PAC		00055547	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/19/2024	Barrera, Ricardo (Dr.)			\$1,000.00
	6 Contributor address; City; State; Zip Code			
Dringinglocgy	Mission, TX 78572	C Employer (See Instructions		
8 Principal occu Doctor	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Barrera, Richard (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	Mission, TX 78573		-	
	pation / Job title (See Instructions)	Employer (See Instructions)	
Physician		self-employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	±10.00
04/19/2024	Bazan, Johnny (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Mission, TX 78572			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Doctor			,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Bejarano, Jose (Dr.)			\$114.85
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Physician		self-employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	+
04/19/2024	Bernini, Juan (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	Mission, TX 78572			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>	
Doctor)	
		<u> </u>		

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/75 Rpt: 12/81	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC				00055547	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/19/2024	Bose, Ashley (Dr.)					\$50.00
		6 Contributor address; City; Sta	ate; Zip Code				
		McAllen, TX 78501					
8		pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
	Doctor						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Bose, Sarojini (Dr.)					\$1,000.00
		Contributor address; City; Sta					
		McAllen, TX 78501					
		pation / Job title (See Instructions)	1	Employer (See Instructions	5)		
	Doctor						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Bracamontes, Yvonne (Dr.					\$100.00
		Contributor address; City; Sta					
		Mission TV 70570					
	Dringinglaggy	Mission, TX 78572	ı	Frankryer (Cas hastryetions			
	Doctor	pation / Job title (See Instructions)	1	Employer (See Instructions	5)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	A75 00
	04/19/2024	Caceres, Enrique (Dr.)					\$75.83
		Contributor address; City; Sta	ate; Zip Code				
		McAllen, TX 78504					
_	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Doctor		<u>.</u>		<i>•</i>)		
		Eullin and a factoria to the			_		
	Date 04/19/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	04/19/2024	Cadena, Sandra (Ms.)	-t Zie Oede				Ф 3.00
		Contributor address; City; Sta	ate; Zip Code				
		McAllen, TX 78504					
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ເ)		
	Private Inves			Self-employed	'		

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 10/75 Rpt: 13/81
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Border Hea	Ith PAC		00055547
4 Date 04/19/2024	 Full name of contributor out-of-state PAC (ID#: out-of-state PAC (ID#:)) Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$200.0
	McAllen, TX 78501		
8 Principal occ Doctor	upation / Job title (See Instructions)	9 Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/19/2024			\$25.0
	Contributor address; City; State; Zip Code Mission, TX 78573		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions))
Doctor		- F - Z - X	·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Cantu, Alonzo (Mr.)		\$1,000.0
	Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions))
private busi			'
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Cantu, David (Mr.)		\$30.0
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504	l	1
Principal occ private inve	upation / Job title (See Instructions) stor	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Cantu, Leonel (Dr.)		\$400.0
	Contributor address; City; State; Zip Code Edinburg, TX 78539		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions))
Dr.	······································		, ,
		1	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/75 Rpt: 14/81
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Border Heal	th PAC		00055547
4 Date 04/19/2024	 5 Full name of contributor out-of-state PAC (ID#: Cantu, Melissa (Ms.) 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$100.00
	Pharr, TX 78577		
8 Principal occu private inves	upation / Job title (See Instructions) stor	9 Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Caporusso, Joseph M. (Dr.)		\$50.00
	Contributor address; City; State; Zip Code McAllen, TX 78501		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	() ()
Doctor	, , , , , , , , , , , , , , , , , , ,		,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Cardenas, Carlos J. (Dr.)		\$1,000.00
Principal occu	Contributor address; City; State; Zip Code McAllen, TX 78501 upation / Job title (See Instructions)	Employer (See Instructions	
Doctor)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Cardenas, Simon (Mr.)		\$5.00
	Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occu private inves	upation / Job title (See Instructions) stor	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Carreras, Jose (Dr.)		\$400.00
	Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dr)
		<u> </u>	

SCHEDULE	A1
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	The Instruc	ction Guide explains how t	to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/75 Rpt: 15/81	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Border Health PAC				00055547		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Castaneda, Marissa (Ms.)	-				\$50.00
		6 Contributor address; City; Stat	te; Zip Code				
			· •				
		Edinburg, TX 78539					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
	private inves	tor					
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Castillo, James (Dr.)	_ .			-	\$37.16
		Contributor address; City; Stat					
		Harlingen, TX 78550					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Physician						
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Castillo, Melany (Dr.)	-				\$72.50
		Contributor address; City; Stat	te; Zip Code				
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	physician						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Cavazos - Salas, Norma (D)r.)				\$100.00
		Contributor address; City; Stat	te; Zip Code				
		Mission, TX 78572					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Dr.						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Changlani, Mahesh (Dr.)					\$1,000.00
		Contributor address; City; Stat	te; Zip Code				
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Doctor						

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/75 Rpt: 16/81	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Border Healt	ιh PAC			00055547	,
4	Date 04/19/2024	5 Full name of contributor □ out-of-state PAC (ID# Chavez Paz, Juan (Dr.) 6 Contributor address; City; State; Zip Code	ŧ:)	7	Amount of Contribution (\$)	\$25.00
		McAllen, TX 78504				
8	Principal occu Physician	ipation / Job title (See Instructions)	9 Employer (See Instructions self-employed	s)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Τ	Amount of Contribution (\$)	
	04/19/2024	Chen, Di (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		"		
	l	Mission, TX 78572				
	Principal occu Physician	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>і</u> s)		
	Date	Full name of contributor out-of-state PAC (ID#	;)	Τ	Amount of Contribution (\$)	
	04/19/2024	Cherian, Ally (Ms.)				\$20.00
		Contributor address; City; State; Zip Code McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	private inves	stor				
	Date	Full name of contributor out-of-state PAC (ID#	+:)	Τ	Amount of Contribution (\$)	
	04/19/2024	Cooper-Dockery, Dona (Dr.)				\$125.00
		Contributor address; City; State; Zip Code				
	l	McAllen, TX 78504				
	Principal occu M.D	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> s)		
	Date	Full name of contributor out-of-state PAC (ID#)	Τ	Amount of Contribution (\$)	
	04/19/2024	Cordoba-Kissee, Michelle (Dr.)				\$20.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	78542					

	The Instruc	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 14/75 Rpt: 17/81	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC				00055547	ŕ
4	Date	5 Full name of contributor out-of-state F	PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/19/2024	Cortes, Oscar (Dr.)					\$250.00
		6 Contributor address; City; State; Zip Code					
		McAllen, TX 78504					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Dr.						
⊨	Date	Full name of contributor out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Cortez, Eseban (Mr.)					\$20.00
		Contributor address; City; State; Zip Code					
		Harlingen, TX 78552					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	private inves	tor					
⊨	Date	Full name of contributor out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Cortinas, Diana (Dr.)	· _				\$50.00
		Contributor address; City; State; Zip Code					
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Doctor						
F	Date	Full name of contributor 🛛 out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Cortinas, Guillermo A. (Dr.)					\$150.00
		Contributor address; City; State; Zip Code					
		1					
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Doctor						
╞	Date	Full name of contributor out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Cortinas, Javier (Dr.)					\$250.00
		Contributor address; City; State; Zip Code					
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	- 5)		
	Dr.						
			I				

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 15/75 Rpt: 18/81
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Border Heal	th PAC		00055547
4 Date 04/19/2024	5 Full name of contributor out-of-state PAC (ID#: Cruz, Edgar (Dr.))	7 Amount of Contribution (\$) \$250.00
	McAllen, TX 78504	2. Employer (See Instructions	
8 Principal occu Doctor	upation / Job title (See Instructions)	9 Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Daley, Hearther (Dr.)		\$25.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78503		
Principal occu Dr.	upation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	De Gorondo Arzamendi, Antonio (Dr.)		\$25.00
	Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
physician		Self-employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	De La Garza, Mia (Ms.)		\$5.00
	Contributor address; City; State; Zip Code		
	Mission, TX 78572		
Principal occu private inves	upation / Job title (See Instructions) stor	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	De Leon, Monica (Ms.)		\$10.00
	Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
private inves		Employer (See instructions))

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/75 Rpt: 19/81	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	th PAC			00055547	ŕ
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Deanda, David (Mr.)				\$250.00
	ļ	6 Contributor address; City; State; Zip Code		1		
	1					
Ļ		Mission, TX 78574				
8			9 Employer (See Instructions	;)		
	private inves			. 		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024					\$100.00
	1	Contributor address; City; State; Zip Code				
	ļ					
	1	Edinburg, TX 78539				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
	private inves			.,		
⊢	Date	Full name of contributor out-of-state PAC (ID#:)	_	Amount of Contribution (\$)	
	04/19/2024	Desai, Parul (Dr.)	/		Allount of Contribution (+)	\$125.00
				ł		* -
	1					
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)	\square	Amount of Contribution (\$)	
	04/19/2024	Divino, Haydee T. (Ms.)				\$20.00
		Contributor address; City; State; Zip Code				
	1					
		Mission, TX 78572				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
	private inves			<i>''</i>		
╞	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	04/19/2024	Duran, Alberto (Dr.)	/		Amount of Contribution (*)	\$1,000.00
	0 11 10 11 1	Contributor address; City; State; Zip Code		\mathbf{I}		Ψ±,
	ļ					
	ļ	Mission, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Dr					
		· · · · ·				

	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 17/75 Rpt: 20/81	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Ebreo, Ellie (Ms.)				\$39.03
		6 Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	04/19/2024	Echols, Minerva (Ms.)				\$20.00
		Contributor address; City; State; Zip Code		1		
		Pharr, TX 78577				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	04/19/2024	Esparza, Antonio (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Pharr, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Doctor					
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	04/19/2024	Esparza, Cristina (Mrs.)				\$5.00
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	04/19/2024	Espinoza, Manuel (Dr.)				\$147.76
		Contributor address; City; State; Zip Code		1		
∟		Harlingen, TX 78550		ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Doctor					
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	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/75 Rpt: 21/81	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Estrellado, Johnny (Dr.)				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Falcon, Antonio (Dr.)				\$200.00
				1		
		Rio Grande, TX 78582				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
	04/19/2024	Falcon, Maria Elena (Dr.)				\$250.00
		Contributor address; City; State; Zip Code		\cdot		
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Flores, Melissa (Ms.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78542				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Forse, Armour (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physician					

	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 19/75 Rpt: 22/81	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC				00055547	
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Francis, Mary (Ms.)					\$92.35
		6 Contributor address; City; State; Zip Code					
		1					
_	<u></u>	McAllen, TX 78503	—				
8	Principal occu Doctor	pation / Job title (See Instructions)	1	9 Employer (See Instructions))		
L							
	Date	Full name of contributor Out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	t :
	04/19/2024						\$1,000.00
		Contributor address; City; State; Zip Code					
		1					
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions))		
	Doctor	,		,	,		
-	Date	Full name of contributor out-of-state PA	AC: (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Garcia, Carlos (Dr.)	Λυ (ιυ	,			\$1,000.00
		Contributor address; City; State; Zip Code		,			• • •
		1					
		McAllen, TX 78504					
		pation / Job title (See Instructions)		Employer (See Instructions))		
	Doctor						
	Date	Full name of contributor 🔲 out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Garcia, Cynthia (Dr.)					\$200.00
		Contributor address; City; State; Zip Code					
		1					
		Harlingen, TX 78550					
<u> </u>	Principal occu	pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions)	<u> </u>		
	doctor)		
╞	Date	Full name of contributor 🔲 out-of-state PA)		Amount of Contribution (\$)	
	04/19/2024	Garcia, Elvin (Dr.)	AC (ID#	/			\$1,000.00
	0	Contributor address; City; State; Zip Code					+- , · ····
		1					
		Weslaco, TX 78596					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Dr.						

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 20/75 Rpt: 23/81	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	04/19/2024	Garcia, Nancy (Ms.)				\$20.00
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ					
		Mission, TX 78572				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	04/19/2024	Garcia, Norma A. (Dr.)				\$250.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		McAllen, TX 78503				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Garcia, Oscar (Dr.)				\$1,000.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	Dringingl oog	Mission, TX 78572	Employer (See Instructions	-)		
	Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╞		Full name of contributor Out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (\$)	
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#: Garcia, Pamela (Ms.)	:)		Amount of Contribution (\$)	\$15.00
	04/19/2024					Φ13.00
	ſ	Contributor address; City; State; Zip Code				
	ł					
	ſ	Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Garcia, Ricardo (Dr.)				\$150.00
	ł	Contributor address; City; State; Zip Code		1		
	ł					
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
1						

Border Health PAC 00055547					
2 FLER NAME 3 Filer ID (Elitics Commission Filers) Border Health PAC 3 Filer ID (Elitics Commission Filers) 00055547 4 Date Garcia, Samuel (Dr.) 7 Amount of Contribution (\$) \$250.00 6 Contribution address; City; State; Zip Code 7 Amount of Contribution (\$) \$250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Garcia, Lapsez, Javier (Mr.) 0xt-of-state PAC (Der) Amount of Contribution (\$) \$15.00 O4/19/2024 Full name of contributor oxt-of-state PAC (Der) Amount of Contribution (\$) \$15.00 O4/19/2024 Full name of contributor oxt-of-state PAC (Der) Amount of Contribution (\$) \$10.00 O4/19/2024 Full name of contributor oxt-of-state PAC (Der) Amount of Contribution (\$) \$10.00 O4/19/2024 Full name of contributor oxt-of-state PAC (Der) Amount of Contribution (\$) \$10.00 Oute Full name of contributor oxt-of-state PAC (Der) Amount of Contribution (\$) \$10.00 <	The Instru	ction Guide explains how to complete this f	orm.		
Border Health PAC 00055547 4 Date 04/19/2024 5 Full name of contributor Garcia, Samuel (Dr.) 6 Contributor address: City: State: Zip Code 7 Amount of Contribution (\$) \$250.00 8 Principal occupation / Job title (See Instructions) Dr. 9 Employer (See Instructions) Dr. 7 Amount of Contribution (\$) \$15.00 04/19/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$15.00 04/19/2024 Garcia, Lopez, Javier (Mr.) Contributor address; City: State: Zip Code Amount of Contribution (\$) \$15.00 04/19/2024 Full name of contributor Mission, TX 78572 Employer (See Instructions) private investor Amount of Contribution (\$) \$10.00 04/19/2024 Full name of contributor Contributor address; City: State: Zip Code Amount of Contribution (\$) \$10.00 04/19/2024 Full name of contributor Contributor address; City: State: Zip Code Amount of Contribution (\$) \$10.00 04/19/2024 Full name of contributor Garza, Edwardo (Mr.) Contributor address; City: State: Zip Code Amount of Contribution (\$) \$7.23 Date Odv19/2024 Full name of contributor Garza, Edwardo (Mr.) Contributor address; City: State: Zip Code Amount of Contribution (\$) \$7.23 Date Odv19/2024 Full name of contributor Garza, Edwardo (Mr.) Contributor address; City: State: Zip Code Amount of Contribution (\$) \$19.67 Date O	2 FILER NAME			-	ı Filers)
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	Principal occu		Employer (See Instructions)	
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	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/19/2024	Garza, Jaime (Dr.)				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
Ļ	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
°	Doctor		9 Employer (See Instructions)	5)		
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Garza, Jesus (Dr.)			-	\$150.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Garza, Joaquin (Mr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572	-			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor	<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Garza, Jose Rene (Mr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	private busin			,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Garza, Kareena (Mrs.)				\$3.63
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	Border Healt	h PAC				00055547	,
4	Date	5 Full name of contributor out-of-s	state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/19/2024	Garza, Martin (Dr.)					\$50.00
		6 Contributor address; City; State; Zip Co	ode				
		Linn, TX 78563					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
	Doctor						
	Date	Full name of contributor 🛛 out-of-s	state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Garza Jr, Ruben (Mr.)					\$5.00
		Contributor address; City; State; Zip Co					
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	private inves	tor					
	Date	Full name of contributor out-of-s	state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Gelman, Lawrence (Dr.)					\$1,000.00
		Contributor address; City; State; Zip Co					
		mcallen, TX 78503					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Doctor						
	Date	Full name of contributor 🔲 out-of-	state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Giraldo, Alvaro (Dr.)					\$100.00
		Contributor address; City; State; Zip Co	ode				
		McAllen, TX 78504					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dr.						
	Date	Full name of contributor	state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Gomez, Felipe (Dr.)					\$50.00
		Contributor address; City; State; Zip Co	ode				
		McAllen, TX 78503					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Doctor						

Th	e Instruc	ction Guide explains how to complete this f	form.		Total pages Schedule A1: Sch: 24/75 Rpt: 27/81	
2 FILE	ER NAME			3	Filer ID (Ethics Commission	n Filers)
Bor	rder Healt	h PAC			00055547	
4 Dat	e	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
04/	19/2024	Gomez, Juan Pablo (Dr.)				\$200.00
		6 Contributor address; City; State; Zip Code		·		
		McAllen, TX 78504				
		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Doo	ctor					
Date	e	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
04/	19/2024	Gomez, Marco (Mr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539	1 <u>(5</u>	ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	/ate inves					
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
04/	19/2024	Gomez, Mario (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
Prin	cinal occu	pation / Job title (See Instructions)	Employer (See Instructions	د) ا		
	ysician			3)		
Date		Full name of contributor out-of-state PAC (ID#:	<u> </u>)	Т	Amount of Contribution (\$)	
	e 19/2024	Full name of contributor out-of-state PAC (ID#: Gomez, Roland (Mr.))			\$18.21
0-1,	1312027	Contributor address; City; State; Zip Code				Ψ±0.2±
		Continuator address, City, State, Zip Code				
		San Juan, TX 78589				
Prin	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
priv	ate inves	tor				
Date	e	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	19/2024	Gomez, Victoria (Ms.)			• •	\$20.76
		Contributor address; City; State; Zip Code		·		
		Donna, TX 78537				
Prin	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
priv	/ate inves	tor				

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 25/75 Rpt: 28/81
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Border Healt	h PAC		00055547
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	04/19/2024	Gomez-Martinez, Marissa (Dr.)		\$20.00
		6 Contributor address; City; State; Zip Code		
		Edinburg, TX 78539		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
	Doctor			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/19/2024	Gonzales, Elizabeth Ann (Ms.)		\$5.42
		Contributor address; City; State; Zip Code		
		F		
		Alamo, TX 78516		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
	private inves	tor		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/19/2024	Gonzalez, Ada (Mrs.)		\$15.63
		Contributor address; City; State; Zip Code		
		Alamo, TX 78516		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.))
	private busin	ess owner		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/19/2024	Gonzalez, Aida (Ms.)		\$5.00
		Contributor address; City; State; Zip Code		
		Edinburg, TX 78542		
		pation / Job title (See Instructions)	Employer (See Instructions	s)
	private inves	tor		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/19/2024	Gonzalez, Alfredo (Dr.)		\$50.00
		Contributor address; City; State; Zip Code		
		Pharr, TX 78577		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
	Doctor			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 26/75 Rpt: 29/81	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Border Heal	th PAC		00055547	
4 Date 04/19/2024	 5 Full name of contributor out-of-state PAC (ID#: Gonzalez, Jaime A. (Mr.) 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$)	\$1,000.00
	Edinburg, TX 78539			
8 Principal occu private busir	ipation / Job title (See Instructions) ness owner	9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Gonzalez, Jesus (Mr.)			\$25.00
	Contributor address; City; State; Zip Code Edinburg, TX 78542			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
private inves		Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/19/2024	Gonzalez, Roberto (Dr.)			\$25.00
Dringinglago	Contributor address; City; State; Zip Code McAllen, TX 78503	Employer (See Jastrustions		
Doctor	ipation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Gonzalez Jr, Alfonso (Mr.)			\$10.00
	Contributor address; City; State; Zip Code Brownsville, TX 78521			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
private inves			,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/19/2024	Gordon, Verley (Dr.)			\$199.11
	Contributor address; City; State; Zip Code Mission, TX 78574			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Doctor				
		1		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 27/75 Rpt: 30/81	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Border Hea	th PAC		00055547	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/19/2024	Griego, Enrique (Dr.)			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Pharr, TX 78577			
-	upation / Job title (See Instructions)	9 Employer (See Instructions		
M.D.				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Guadarrama, Delisa (Dr.)			\$72.32
	Contributor address; City; State; Zip Code			
	Edinburg, TX 78539			
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions)	
Doctor)	
	Full name of contributor out-of-state PAC (ID#:	\	Amount of Contribution (\$)	
Date 04/19/2024	Full name of contributor out-of-state PAC (ID#: Guajardo, Maria Ruby (Dr.))	Amount of Contribution (\$)	\$50.00
04/13/2024	Contributor address; City; State; Zip Code			Ψ30.00
	Contributor address, City, State, Zip Code			
	McAllen, TX 78503			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
doctor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Guardia, Juan A. (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
-	upation / Job title (See Instructions)	Employer (See Instructions	i)	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	** *** **
04/19/2024	Guerra, Daniel (Dr.)			\$1,000.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78501			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L	
doctor			,	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 28/75 Rpt: 31/81 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/19/2024 Guerra, Deborah (Ms.) \$3.24 6 Contributor address; City; State; Zip Code McAllen, TX 78501 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 \$101.34 Guerra, Ernesto (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78502 Principal occupation / Job title (See Instructions) Employer (See Instructions) private business owner Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/19/2024 Guerra, R.Marcy (Dr.) \$250.00 Contributor address; City; State; Zip Code Edinburg, TX 78541 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 \$25.00 Gummadi, Sarada (Dr.) Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/19/2024 \$1,000.00 Gutierres, Marco (Dr.) Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 29/75 Rpt: 32/81 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/19/2024 Gutierrez, Alberto (Dr.) \$250.00 6 Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 Gutierrez, Miguel (Dr.) \$250.00 Contributor address; City; State; Zip Code McAllen, TX 78501 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr. Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/19/2024 Guzman, Eduardo (Dr.) \$50.00 Contributor address; City; State; Zip Code Penitas, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 \$10.00 Haddad, Roberto (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78501 Principal occupation / Job title (See Instructions) Employer (See Instructions) Private Investor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/19/2024 \$1,000.00 Haddad, Victor (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor

	The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/75 Rpt: 33/81
2	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Border Healt	th PAC		00055547
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	04/19/2024	Hance, Courtney (Ms.)		\$5.00
		6 Contributor address; City; State; Zip Code		•
		Harlingen, TX 78552		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	private inves	.tor		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/19/2024	Harris, Joseph (Mr.)		\$10.00
		Contributor address; City; State; Zip Code		
		McAllen, TX 78504		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	private inves	tor		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/19/2024	Helbing, Robert (Mr.)		\$50.00
		Contributor address; City; State; Zip Code		
		McAllen, TX 78501		
		pation / Job title (See Instructions)	Employer (See Instructions	s)
	private busin			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/19/2024	Hensler, Blake (Mr.)		\$25.00
		Contributor address; City; State; Zip Code		
		Edinburg, TX 78539		
	Dringingl occu	pation / Job title (See Instructions)	Employer (See Instructions	~
	private inves			S)
	-			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/19/2024	Hensler, Monique (Ms.)		\$25.00
		Contributor address; City; State; Zip Code		
		Edinburg, TX 78539		
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	e)
	private inves			5)
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	The Instruc	ction Guide explains how to complete this	; form.	1	Total pages Schedule A1: Sch: 31/75 Rpt: 34/81	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	04/19/2024	Hernandez, Ambrosio (Dr.)				\$1,000.00
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ					
Ļ	Drinsipal agou	San Juan, TX 78589				
8	Principal occu Doctor	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	* 200.00
	04/19/2024	Hernandez, Cristela (Dr.)				\$200.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Edinburg, TX 78539				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	[] 5)		
	physician	· · · · · ·		,		
╞	Date	Full name of contributor Out-of-state PAC (ID#		Γ	Amount of Contribution (\$)	
	04/19/2024	Hernandez, Daniel (Mr.)	<i>T</i>		/ who and or 2 cm	\$25.00
		Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Brownsville, TX 78520				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor 🔲 out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	04/19/2024	Hernandez, Lisa (Ms.)				\$20.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Edinburg, TX 78539				
\vdash	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> •)		
	private inves			"		
╞	Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	<u> </u>	Amount of Contribution (\$)	
	04/19/2024	Hernandez, Max (Dr.)	+/		Amount of Contribution (*)	\$1,000.00
	0	Contributor address; City; State; Zip Code				Ψ 1 ,000
	ļ					
	ļ					
	ļ	McAllen, TX 78504				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dr.					
						ſ

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	The Instrue	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 32/75 Rpt: 35/81	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Hinojosa, Martha (Ms.)				\$10.00
		6 Contributor address; City; State; Zip Code		1		
L	<u> </u>	McAllen, TX 78504		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private inves			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Hoffman, Maria Ester (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllon TX 79504				
⊢	Dringing ago	McAllen, TX 78504	Employer (Cool Instructions			
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024					\$100.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Dr.			')		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	<u> </u>	Amount of Contribution (\$)	
	04/19/2024	Honrubia, Vincent (Dr.))			\$1,000.00
	0 11 201 202 1	Contributor address; City; State; Zip Code				<i>41,000.00</i>
		Contributor address, City, State, Zip Code				
		McAllen, TX 78503				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Dr.					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Iglesias, Norma (Dr.))		(*)	\$1,000.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
⊢			1			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 33/75 Rpt: 36/81
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Border Health PAC	00055547
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)
04/19/2024 Igoa, Jose (Dr.)	\$1,000.00
6 Contributor address; City; State; Zip Code	
McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) 9 Employer (See	e Instructions)
Doctor	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
04/19/2024 Irigoyen, Fructuoso (Dr.)	\$200.00
Contributor address; City; State; Zip Code	
McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Employer (See	e Instructions)
Doctor	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
04/19/2024 Jelinek, Michael T (Dr.)	\$174.85
Contributor address; City; State; Zip Code	
MaAllan TV 70504	
McAllen, TX 78504	- to - to - star - N
Principal occupation / Job title (See Instructions) Employer (See Doctor	(Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
04/19/2024 Jimenez-Flores, Danielle (Dr.)	\$200.00
Contributor address; City; State; Zip Code	
Mission, TX 78572	
Principal occupation / Job title (See Instructions) Employer (See	
Doctor	
	Amount of Contribution (#)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.00
	Ψ23.00
Contributor address; City; State; Zip Code	
McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Doctor	

The Instru	iction Guide explains how to complete this f	orm	1 Total pages Schedule A1:
		0111. 	Sch: 34/75 Rpt: 37/81
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Border Heal	th PAC		00055547
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/19/2024			\$250.0
	6 Contributor address; City; State; Zip Code		
	Mcallen, TX 78504		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ;)
Doctor			,
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/19/2024	Kalantari, Saeed (Mr.)		\$18.2
-	Contributor address; City; State; Zip Code		
	Harlingen, TX 78552		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
private inves	stor		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Kanhere, Gauri (Dr.)		\$250.0
	Contributor address; City; State; Zip Code		
Duin single age	Rio Grande, TX 78582		<u> </u>
Principal occu Doctor	upation / Job title (See Instructions)	Employer (See Instructions)
Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Khademi, Kambiz (Mr.)		\$40.0
	Contributor address; City; State; Zip Code		
	McAllen, TX 78502		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	l;)
private inves	stor		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/19/2024	Khan, Muhammad (Dr.)		\$20.0
	Contributor address; City; State; Zip Code		
	Mission, TX 78572		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
physician			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/75 Rpt: 38/81	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Border Heal			00055547	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/19/2024	Kiani, Gholam (Dr.)			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	-			
	McAllen, TX 78504			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Kotaki, Mohammad H. (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78503			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Kutugata, Jorge (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	Weslaco, TX 78596			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Lares, Irene (Ms.)			\$10.00
	Contributor address; City; State; Zip Code			
	Edinburg, TX 78539			
	upation / Job title (See Instructions)	Employer (See Instructions))	
private inves	stor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Lazaro, Fernando (Mr.)			\$250.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78503			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
private inves	stor			

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 36/75 Rpt: 39/81
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Border Healt	th PAC		00055547
4 Date 04/19/2024	5 Full name of contributorout-of-state PAC (ID#: Leal, Ramiro (Dr.))	7 Amount of Contribution (\$)\$50.00
	6 Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
8 Principal occuDoctor	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Ledesma, Raul (Dr.)	,	\$250.00
•			
	McAllen, TX 78504		
Principal occu Doctor	ipation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Lema, Rodrigo (Dr.)		\$200.00
	Contributor address; City; State; Zip Code McAllen, TX 78503		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)
Doctor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Lerma Jr., Ricardo (Mr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Mercedes, TX 78570		
Principal occu private inves	ipation / Job title (See Instructions) stor	Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
04/19/2024	Levine, Lyuba (Dr.)	/	\$90.84
0 11 201 202 1	Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	.))
private inves	stor		
		•	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/75 Rpt: 40/81	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Limas, Flor (Dr.)				\$44.22
		6 Contributor address; City; State; Zip Code				
Ļ	Dringing occu	McAllen, TX 78504	Employer (See Instructions	<u>`</u>		
ð	Principal occu Doctor	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Lin, Rick (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Linan, Enrique (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor)		
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Lineberger, Dale (Mr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		Manchaca, TX 78652				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Lizcano, Mario (Mr.)				\$5.00
		Contributor address; City; State; Zip Code				
	Duin single ages	McAllen, TX 78501				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	private inves					
I I						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 38/75 Rpt: 41/81	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Border Healt	th PAC		00055547	-
4 Date 04/19/2024	5 Full name of contributor out-of-state PAC (ID#: Loggiodice, Nelson (Mr.))	7 Amount of Contribution (\$)	\$30.00
• • = = = = = = =	6 Contributor address; City; State; Zip Code			
	Pharr, TX 78577			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;) ;)	
private inves	stor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Loja, Wilmer (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78503			
	upation / Job title (See Instructions)	Employer (See Instructions	6)	
Dr.				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Lopez, Jose (Dr.)			\$46.67
	Contributor address; City; State; Zip Code			
	Delenhurat TV 70570			
Drinsingl goog	Palmhurst, TX 78573		<u> </u>	
Principal occu doctor	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷05.00
04/19/2024	Lopez, Pamela (Ms.)			\$25.00
	Contributor address; City; State; Zip Code			
	Pharr, TX 78577			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
private inves			<i>y</i>	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>)	Amount of Contribution (\$)	
04/19/2024	Lopez Jr., Alfredo (Dr.)	,	, under de de la	\$100.00
	Contributor address; City; State; Zip Code			*
	McAllen, TX 78504			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)	
Dr			,	

The Instruct	tion Guide explains how to complet	e this form.	1 Total pages Schedule A1: Sch: 39/75 Rpt: 42/81
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Border Health	PAC		00055547
04/19/2024	 Full name of contributor out-of-state F Lozano, Rodolfo (Dr.) Contributor address; City; State; Zip Code 	PAC (ID#:)	7 Amount of Contribution (\$) \$250.00
	Mission, TX 78574		
8 Principal occupa Dr.	ation / Job title (See Instructions)	9 Employer (See Instructions	5)
Date	Full name of contributor 🛛 out-of-state F	PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Lozano, Sergio (Mr.)		\$25.00
	Contributor address; City; State; Zip Code Weslaco, TX 78596		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	5)
private investo			,
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Mabulac, Deborah (Ms.)		\$9.10
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78541		
Principal occupa private investo	ation / Job title (See Instructions) Dr	Employer (See Instructions	5)
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Malcolm , Javier Barney (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
Principal occupa private investo	ation / Job title (See Instructions) or	Employer (See Instructions	5)
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Mangi, Salil (Dr.) Contributor address; City; State; Zip Code		\$1,000.00
	McAllen, TX 78504		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	2)
Dr.			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 40/75 Rpt: 43/81	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Mangoo-Karim, Robert (Dr.)				\$125.00
		6 Contributor address; City; State; Zip Code		1		
		McAllen, TX 78503				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
-	Doctor			,		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Manoharan, Paulrajan (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		ł		
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	04/19/2024	Manon, Jacinto (Dr.)	·•····		(*)	\$100.00
				ł		
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	doctor					
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Manrique, Carlos (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
F	Date	Full name of contributor 🛛 out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Marichalar, Luis (Mr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Private Inves	stor				
			1			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 41/75 Rpt: 44/81	
					-	- Filere)
Ľ	FILER NAME Border Healt	h DAC		3	Filer ID (Ethics Commission 00055547	n Fliers)
Ļ				Ŀ		
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	#100.00
	04/19/2024	Marina, Jose Mario (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code				
		Mission TV 70572				
	Deinsinglasse	Mission, TX 78573				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	physician			_		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Marquez, Luis A. (Mr.)				\$5.00
		Contributor address; City; State; Zip Code				
		Harlingen, TX 78552				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Martinez, Ricardo (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Mata, Nelson (Dr.)				\$250.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78501				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dr.					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Mathavan, Rajeen (Dr.)				\$32.40
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
1						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 42/75 Rpt: 45/81	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	McCoy, Joseph (Dr.)				\$5.00
		6 Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	McNutt, Kimberly (Ms.)				\$25.00
		Contributor address; City; State; Zip Code				
	Deinsinglasse	McAllen, TX 78504		Ĺ		
	private inves	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
╘	-					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 4 000 00
	04/19/2024	Medina, Bertha (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Doctor					
╞	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Medina, Javier (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78574				
		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	M.D.					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Medina, Lorena (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
	<u> </u>	Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	private inves	tor				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 43/75 Rpt: 46/81 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/19/2024 Medina, Martha Carmen (Ms.) \$100.00 6 Contributor address; City; State; Zip Code McAllen, TX 78504 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 \$40.00 Medina, Melecio (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78501 Principal occupation / Job title (See Instructions) Employer (See Instructions) physician Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/19/2024 Medina Jr., Ricardo (Mr.) \$5.00 Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 \$1,000.00 Mego, Carlos (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78501 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/19/2024 \$10.00 Mejia, Juana (Ms.) Contributor address; City; State; Zip Code Donna, TX 78557 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor

SCHEDULE	A1
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	The Instru	tion Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/75 Rpt: 47/81	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
L	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/19/2024	Mendez, Oscar (Dr.)				\$174.85
		6 Contributor address; City; State; Zip Code				
		Mission, TX 78572				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	physician					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Mendez, Salvador (Dr.)				\$250.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dr.					
Γ	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Mercado, Manuel (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dr.					
Γ	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Meyer, Scott (Mr.)				\$35.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Milano, Emil (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	; 5)		
l	Doctor					
⊢			1			
1						

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 45/75 Rpt: 48/81	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Border Hea	Ith PAC		00055547	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/19/2024				\$50.00
	6 Contributor address; City; State; Zip Code			
	Harlingen, TX 78552			
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
physician				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/19/2024	Mirmohammadi, Rowena (Ms.)			\$250.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504	_		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	3)	
private inve	stor			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/19/2024				\$3.92
	Contributor address; City; State; Zip Code			
	McAllen, TX 78502			
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/19/2024				\$100.00
	Contributor address; City; State; Zip Code			
	Edinburg, TX 78539		-	
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/19/2024	Mohamed, Samira (Dr.)			\$50.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Doctor				

SCHEDULE	A1
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The l	Instruc	ction Guide explains how to co	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 46/75 Rpt: 49/81	
2 FILER	NAME				3	Filer ID (Ethics Commissio	on Filers)
Borde	er Healt	h PAC				00055547	
4 Date	_	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
04/19/	/2024	Mohme, Ruben (Dr.)					\$250.00
		6 Contributor address; City; State; Zip	Code				
		McAllen, TX 78504					
8 Princip	oal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
Docto	or						
Date		Full name of contributor out-	of-state PAC (ID#:)		Amount of Contribution (\$)	
04/19/	/2024	Moncada, Armando (Dr.)	• • • • • =			• •	\$1,000.00
		Contributor address; City; State; Zip	Code				. ,
1			Couc				
		McAllen, TX 78503					
Princip	bal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
Doctor		,			,		
Date		Full name of contributor)	I	Amount of Contribution (\$)	
Date 04/19/	12024		of-state PAC (ID#:)			\$25.00
04/15/	/2024	Montes, Jorge A. (Dr.)					Φ20.00
		Contributor address; City; State; Zip	Code				
		Edinburg, TX 78539					
Princin		pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
Docto					9		
	//						
Date	12024		of-state PAC (ID#:)		Amount of Contribution (\$)	÷05.00
04/19/	/2024	Montes, Laura (Dr.)					\$25.00
		Contributor address; City; State; Zip	Code				
L	-	Edinburg, TX 78539					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
Docto	or						
Date		Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
04/19/	/2024	Morales, Carlos E (Dr.)					\$1,000.00
		Contributor address; City; State; Zip	Code				
		McAllen, TX 78503					
Princip	bal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
Docto	or						

	The Instru	ction Guide explains how to comp	olete this fo	orm.	1	Total pages Schedule A1: Sch: 47/75 Rpt: 50/81	
2	FILER NAME				3	Filer ID (Ethics Commission	ו Filers)
	Border Healt	.h PAC				00055547	
4	Date 04/19/2024	5 Full name of contributor □ out-of-sta Moreno, Juan (Mr.) 6 Contributor address; City; State; Zip Cod	tate PAC (ID#: de		7	Amount of Contribution (\$)	\$15.00
		Alton, TX 78574					
8	Principal occu private inves	ipation / Job title (See Instructions) stor		9 Employer (See Instructions)		
	Date	Full name of contributor out-of-sta	tate PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Moreno, Leonel (Dr.)					\$250.00
		Contributor address; City; State; Zip Cod	de				
		Mission, TX 78503					
	Principal occu Doctor	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of-sta	tate PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Mulukutla, Surya Narayan (Dr.)					\$50.00
		Contributor address; City; State; Zip Cod Edinburg, TX 78539	de 				
	Principal occu physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor 🗌 out-of-sta	tate PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Munoz, Roberto (Dr.)					\$72.32
		Contributor address; City; State; Zip Cod	de				
	ļ	McAllen, TX 78504					
	Principal occu Doctor	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of-sta	tate PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Nagaraj, Namitha (Dr.)					\$25.00
		Contributor address; City; State; Zip Cod	de				
		Mission, TX 78572	r				
		ipation / Job title (See Instructions)		Employer (See Instructions)		
	Doctor						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 48/75 Rpt: 51/81	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
	Border Healt	h PAC			00055547	/
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7	Amount of Contribution (\$)	
	04/19/2024	Nandipandy, S. (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code]		
		Weslaco, TX 78596	1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Dr.					
	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	04/19/2024	Nunez, Zoraly (Ms.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#	·)	Γ	Amount of Contribution (\$)	
	04/19/2024	Ochoa, Esmeralda (Mrs.)				\$7.27
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
Γ	Date	Full name of contributor out-of-state PAC (ID#)	Γ	Amount of Contribution (\$)	
	04/19/2024	Ochoa, Kristy (Ms.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#	· ·)		Amount of Contribution (\$)	
	04/19/2024	Ogunlana, Victor (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
I	Doctor					
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I						

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 49/75 Rpt: 52/81
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Border Heal	th PAC		00055547
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/19/2024	Ohabor, Chioma (Ms.)		\$50.0
	6 Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
		9 Employer (See Instructions)
Private Inve	stor		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Ohabor, Constantine (Ms.)		\$10.0
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
	upation / Job title (See Instructions)	Employer (See Instructions)
Private Inve	stor		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Olgin, Gaudencio (Dr.)		\$125.0
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
	upation / Job title (See Instructions)	Employer (See Instructions	
physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Oliveira, Noel E (Dr.)		\$250.0
	Contributor address; City; State; Zip Code		
	Mission TV 70572		
Drincinal occu	Mission, TX 78572	Employor (See Instructions	N
Doctor	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Orfanos, John (Dr.)		\$200.0
	Contributor address; City; State; Zip Code		
	McAllen, TX 78503		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	A
Doctor		Employer (See manuouono)
1			

	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 50/75 Rpt: 53/81	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Otero, Fernando (Dr.)				\$1,000.00
		6 Contributor address; City; State; Zip Code				
_		mcallen, TX 78502				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Doctor					
	Date		(ID#:)		Amount of Contribution (\$)	
	04/19/2024	Owen, Kip (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u>ا</u>		
	Doctor			0)		
_	Date	Full name of contributor out-of-state PAC	/ID#:)	Т	Amount of Contribution (\$)	
	04/19/2024	Ozuna, Ronnie (Mr.)	(ID#)			\$14.57
	0 1/10/2021	Contributor address; City; State; Zip Code				¢1
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC	(ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Padilla, Maritza (Ms.)				\$36.34
		Contributor address; City; State; Zip Code				
		Western TX 70500				
	Duin air al a sau	Weslaco, TX 78599	European (O a a la struction			
	private inves	pation / Job title (See Instructions)	Employer (See Instruction	S)		
	•					
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	¢E0.00
	04/19/2024	Palacios, Esteban (Mr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78540				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	private inves			-		
			1			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 51/75 Rpt: 54/81 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/19/2024 Palacios Merchan, Juan Diego (Dr.) \$75.00 6 Contributor address; City; State; Zip Code Edinburg, TX 78539 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physician Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 \$10.00 Palau Garza, Juan L. (Mr.) Contributor address; City; State; Zip Code Pharr, TX 78577 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/19/2024 Palimar, P (Dr.) \$1,000.00 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 \$100.00 Pathak, Umesh Kumar (Dr.) Contributor address; City; State; Zip Code Weslaco, TX 78596 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 04/19/2024 \$1,000.00 Pechero, Guillermo (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr.

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 52/75 Rpt: 55/81	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	,
4	Date 04/19/2024	 5 Full name of contributor out-of-state PAC (ID#: Pena, Diamantina (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
		Mcallen, TX 78504				
8	Principal occu private inves	pation / Job title (See Instructions) tor	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Pena, Priscilla (Ms.)				\$5.00
		Contributor address; City; State; Zip Code Mission, TX 78574				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	private inves			,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Pena, Raul (Dr.)				\$125.00
		Contributor address; City; State; Zip Code Mission, TX 78572				
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Pena, Victor (Mr.)				\$5.00
		Contributor address; City; State; Zip Code Mission, TX 78574				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	private inves	tor				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Peralez, Rosie (Ms.)				\$5.00
		Contributor address; City; State; Zip Code Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	; 5)		
	Private Inves					

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 53/75 Rpt: 56/81	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Perez, Ernie (Mr.)				\$25.00
		6 Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		McAllen, TX 78502-5360				
8	Principal occu		9 Employer (See Instructions	<u> </u> ວ		
ľ	private busin			''		
	-			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Perez, Florencia				\$100.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Perez, Francisco (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Perez, Guillermo (Dr.)	······//			\$1,000.00
		Contributor address; City; State; Zip Code				. ,
		Contributor address, Orty, State, Zip Code				
		McAllen, TX 78501				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ز)		
	Doctor			,		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢10.00
	04/19/2024					\$10.00
		Contributor address; City; State; Zip Code				
		Ediphurg TV 20520				
┡	Deine in 1	Edinburg, TX 78539	Freedow (Construction)			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves					

	The Instru	ction Guide explains how to complete this fo	orm.		es Schedule A1: 75 Rpt: 57/81	
2	FILER NAME			3 Filer ID	(Ethics Commission	n Filers)
	Border Healt	th PAC		0005554		,
4	Date 04/19/2024	 5 Full name of contributor out-of-state PAC (ID#: Peynado, Herrietta (Ms.) 6 Contributor address; City; State; Zip Code)	7 Amount o	of Contribution (\$)	\$27.12
		Mercedes, TX 78570				
8	Principal occu private inves		9 Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount o	of Contribution (\$)	
	04/19/2024	Pierre-Louise, Michael (Dr.)				\$50.00
		Contributor address; City; State; Zip Code Mission, TX 78572				
┢	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)		
	Physician		Self-employed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_		Amount o	of Contribution (\$)	
	04/19/2024	Pillai, Revi (Mr.)	/	/ 11001100		\$10.00
		Contributor address; City; State; Zip Code McAllen, TX 78504				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)		
	private inves					
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount o	of Contribution (\$)	
	04/19/2024	Pope, Bill (Dr.)				\$200.00
		Contributor address; City; State; Zip Code McAllen, TX 78504				
⊢	Dringinal occu		Employer (Soo Instructions			
	M	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount o	of Contribution (\$)	
	04/19/2024	Preciado, Sergio (Dr.)				\$250.00
		Contributor address; City; State; Zip Code McAllen, TX 78504				
\vdash	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	۱		
	Dr.					
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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 55/75 Rpt: 58/81	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Border Healt				00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Prieto-Harris, Roberto (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		McAllen, TX 78504				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Puttagunta, Sobha (Ms.)				\$10.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		McAllen, TX 78504	,			
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Quach, Tin (Dr.)				\$5.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ	Madlen TV 70504				
	Duin singl oppu	McAllen, TX 78504				
	private inves	Ipation / Job title (See Instructions)	Employer (See Instructions	3)		
╘	-			—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	*50.00
	04/19/2024	Quinteros, Maria (Dr.)				\$50.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	McAllen, TX 78501				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)		
	Physician			5)		
╞	-	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#: Rafols, Rafael (Dr.))			\$25.00
	0411312024					Ψ20.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	McAllen, TX 78503				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
		elf-employeed	- r - y - x	-,		
⊢			<u> </u>			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 56/75 Rpt: 59/81 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/19/2024 Ramirez, Ernesto (Dr.) \$100.00 6 Contributor address; City; State; Zip Code McAllen, TX 78504 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 \$100.00 Ramirez, Luis (Dr.) Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/19/2024 Ramirez, Sergio (Dr.) \$250.00 Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 \$250.00 Ramos, Keith (Dr.) Contributor address; City; State; Zip Code Weslaco, TX 78596 Principal occupation / Job title (See Instructions) Employer (See Instructions) M.D. Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/19/2024 Ramos, Thelma (Ms.) \$15.00 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) private business owner

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The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 57/75 Rpt: 60/81	
2 FILER NAMI	 E		3 Filer ID (Ethics Commission	on Filers)
Border Hea	alth PAC		00055547	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/19/2024				\$8.57
	6 Contributor address; City; State; Zip Code			
	McAllen, TX 78503		-	
	cupation / Job title (See Instructions)	9 Employer (See Instructions	s)	
private inve				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024				\$25.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions)))	
private inve			<i>''</i>	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
04/19/2024		/		\$200.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
	cupation / Job title (See Instructions)	Employer (See Instructions	i)	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Reinoso, Manuel (Dr.)			\$25.00
	Contributor address; City; State; Zip Code			
	Pharr, TX 78577			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Doctor)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
04/19/2024)		\$1,000.00
0 11 20, 202	Contributor address; City; State; Zip Code			Ψ1,000.01
	McAllen, TX 78501			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	;)	
Dr.				

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 58/75 Rpt: 61/81	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Rios, Adriana (Ms.)				\$10.00
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Weslaco, TX 78599				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private inves	tor				
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Rios Jr, Jesus (Mr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Rivera, Jaime (Ms.)				\$3.61
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Rivera, Jennifer (Ms.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Robalino, Benjamin (Dr.)				\$250.00
		Contributor address; City; State; Zip Code		1		
L		McAllen, TX 78504	i			
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Doctor					
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SCHEDULE	A1
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ction Guide explains how to complete this	; form.	1 Total pages Schedule A1: Sch: 59/75 Rpt: 62/81
		3 Filer ID (Ethics Commission Filers)
th PAC		00055547
5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
Robles, Luis H. (Dr.)		\$100.00
6 Contributor address; City; State; Zip Code		
Brownsville, TX 78520		
upation / Job title (See Instructions)	9 Employer (See Instructions	
Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
Rodriguez, Edgar (Dr.)		\$100.00
Contributor address; City; State; Zip Code		1
Edinburg, TX 78539		
upation / Job title (See Instructions)	Employer (See Instructions	3)
Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
Rodriguez, Maria (Ms.)		\$10.00
Contributor address; City; State; Zip Code		
	Employer (See Instructions	;)
	#:)	Amount of Contribution (\$)
		\$50.00
Contributor address; City; State; Zip Code		
Meallen TY 7850/		
	Employer (See Instructions	
		»)
	<i>‡</i> :)	Amount of Contribution (\$)
		\$18.75
Contributor address; City; State; Zip Code		
McAllen, TX 78504		
	Employer (See Instructions	<u></u>
		"
	th PAC 5 Full name of contributor out-of-state PAC (ID# Robles, Luis H. (Dr.) 6 Contributor address; City; State; Zip Code Brownsville, TX 78520 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Rodriguez, Edgar (Dr.) Contributor address; City; State; Zip Code Edinburg, TX 78539 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Rodriguez, Maria (Ms.) Contributor address; City; State; Zip Code Weslaco, TX 78596 upation / Job title (See Instructions) stor Full name of contributor out-of-state PAC (ID# Rodriguez, Maria (Ms.) Contributor address; City; State; Zip Code Weslaco, TX 78596 upation / Job title (See Instructions) stor Full name of contributor out-of-state PAC (ID# Rodriguez, Ofelia (Dr.) Contributor address; City; State; Zip Code Mcallen, TX 78504 upation / Job title (See Instructions)	th PAC

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 60/75 Rpt: 63/81	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Rodriguez-Ayala, Heriberto (Dr.)				\$17.85
		McAllen, TX 78502				
8	Principal occu		9 Employer (See Instructions	<u> </u> ։)		
ľ	Doctor			,		
⊨						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	****
	04/19/2024					\$250.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Ruiz, Henry (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Ruiz, Rosalva (Ms.)				\$10.00
		Contributor address; City; State; Zip Code				
		Pharr, TX 78577				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	, private inves			<i>`</i>		
⊨	Date		`		Amount of Contribution (\$)	
	04/19/2024	Full name of contributor out-of-state PAC (ID#: Saenz, J.J (Dr.))		Amount of Contribution (\$)	\$1,000.00
	04/19/2024					φ1,000.00
		Contributor address; City; State; Zip Code				
1		McAllen, TX 78503				
⊢	Drinoinal assu		Employor (Soo Instructions	<u> </u>		
I	_	pation / Job title (See Instructions)	Employer (See Instructions)		
⊢	Doctor					
I						
1						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 61/75 Rpt: 64/81
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Border Heal	th PAC		00055547
4 Date 04/19/2024	 5 Full name of contributor out-of-state PAC (ID#: Saenz, Javier (Dr.) 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$1,000.00
	Mission, TX 78572		
8 Principal occu Doctor	upation / Job title (See Instructions)	9 Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Saenz, Jennifer (Ms.)		\$25.00
	Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	() ()
private inves			,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Saenz, Jessica (Ms.)		\$25.00
	Contributor address; City; State; Zip Code Mcallen, TX 78502		
Principal occu Private inve	upation / Job title (See Instructions) stor	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Saenz, Vanessa (Ms.)		\$10.00
	Contributor address; City; State; Zip Code Edinburg, TX 78541		
Drincipal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
private inves)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/19/2024	Saffels, Nathan (Mr.)		\$10.00
	Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	() ()
private inves			,
		<u> </u>	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 62/75 Rpt: 65/81 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 5 Full name of contributor 4 out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/19/2024 Safir, Larry (Mr.) \$1,000.00 6 Contributor address; City; State; Zip Code Mcallen, TX 78503 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 Saladino, Nicole (Ms.) \$5.00 Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/19/2024 Salazar, Juan J. (Dr.) \$250.00 Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 Saldivar, Aida (Ms.) \$10.00 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 04/19/2024 \$5.00 Salinas, Annabelle (Ms.) Contributor address; City; State; Zip Code McAllen, TX 78501 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 63/75 Rpt: 66/81 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/19/2024 Salinas, Elizabeth (Ms.) \$10.00 6 Contributor address; City; State; Zip Code Edinburg, TX 78539 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 \$150.00 Salinas, Mariano (Dr.) Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr. Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/19/2024 Salinas, Miguel A. (Mr.) \$7.27 Contributor address; City; State; Zip Code McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 Salinas, Samuel (Mr.) \$10.00 Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:______ 04/19/2024 \$125.00 Sanchez, Elisa Garza (Dr.) Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) doctor

	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 64/75 Rpt: 67/81	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	ŕ
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Sanchez, Richard (Dr.)				\$144.64
		6 Contributor address; City; State; Zip Code		ł		
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	doctor					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	04/19/2024	Sandoval, Gilberto (Mr.))			\$10.00
	04/13/2024					Ψ10.00
		Contributor address; City; State; Zip Code				
		Brownsville, TX 78520				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	private inves			,		
╞				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢25.00
	04/19/2024					\$25.00
		Contributor address; City; State; Zip Code				
		Edcouch, TX 78538				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	private inves			,		
╞	-			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	04/19/2024	Sarmiento Cano, Juan P. Javier (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
⊢	Drincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor			5)		
				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±050.00
	04/19/2024	Seas, Manuel (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
┡	Duin sin 1	McAllen, TX 78504	Freedowser (Co., 1, 1, 1, 1)			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Doctor					
1						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 65/75 Rpt: 68/81	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Heal	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Serna, Samuel (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Shuaib, Tawid (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78503				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Siberman, Herschi (Dr.)				\$200.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Siedow, Stephen (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Sifuentes, Pamela (Ms.)				\$15.00
		Contributor address; City; State; Zip Code				
		Weslaco, TX 78596				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				

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	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 66/75 Rpt: 69/81	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	-
4	Date 04/19/2024	5 Full name of contributor out-of-state PAC (ID#: Singh, Manish (Dr.)		7	Amount of Contribution (\$)	\$250.00
		 6 Contributor address; City; State; Zip Code McAllen, TX 78503 				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> چ)		
	Doctor			,		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Slavin, Dennis (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Weslaco, TX 78596				
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Solis, Hilda (Ms.)				\$25.00
		Contributor address; City; State; Zip Code McAllen, TX 78501				
	Principal occu private inves	pation / Job title (See Instructions) tor	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Soto, Hector (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Sustaita, Raul (Mr.)				\$25.00
		Contributor address; City; State; Zip Code Donna, TX 78537				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	private inves			<i>)</i>		

	The Instruc	ction Guide explains how to complet	te this f	orm.	1	Total pages Schedule A1: Sch: 67/75 Rpt: 70/81	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC				00055547	
4	Date	5 Full name of contributor out-of-state	PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Swarup, Jyothi (Dr.)					\$100.00
		6 Contributor address; City; State; Zip Code					
		McAllen, TX 78504					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Doctor						
	Date	Full name of contributor Out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Tamez, Daniel (Mr.)					\$7.25
		Contributor address; City; State; Zip Code			1		
		· · · · · · · · · · · · · · · · · · ·					
		Alton, TX 78573					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	private inves	tor					
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Tey, Alejandro (Dr.)					\$250.00
		Contributor address; City; State; Zip Code			1		
		Edinburg, TX 78539					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	M.D.						
	Date	Full name of contributor 🛛 out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Tharp, Maribel (Ms.)					\$15.00
		Contributor address; City; State; Zip Code			1		
		Mission, TX 78572					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	private inves	tor					
	Date	Full name of contributor 🛛 out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Tijerina, Erica (Ms.)					\$20.00
		Contributor address; City; State; Zip Code			1		
		Pharr, TX 78577					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	private inves	tor					

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 68/75 Rpt: 71/81	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Torres, Fadi (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Tovar, Sandra (Ms.)				\$10.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	-	pation / Job title (See Instructions)	Employer (See Instructions)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Trejo, Jose (Mr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501	· · · · · · ·			
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
	private busin	less owner				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Trevino, Ernesto				\$250.00
		Contributor address; City; State; Zip Code				
	D i sizal essi	McAllen, TX 78504		Ĺ		
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±= 00
	04/19/2024	Trevino, Kyara J. (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
		La 10/2 TV 79560				
\vdash	Dringingl oog	La Joya, TX 78560	Employer (See Instructions			
	private inves	pation / Job title (See Instructions)	Employer (See Instructions	9		
	pilvate inves					

	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 69/75 Rpt: 72/81
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Border Healt	h PAC		00055547
4	Date 04/19/2024	 Full name of contributor out-of-state PAC (ID#: Trevino, Lisa (Ms.) Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$10.00
		McAllen, TX 78504		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	;)
	private inves	tor		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	04/19/2024	Turley, Susan (Mrs.)		\$250.00
		Contributor address; City; State; Zip Code		
		McAllen, TX 78504		
		pation / Job title (See Instructions)	Employer (See Instructions	;)
	private busin	less owner		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	04/19/2024	Twahiwa, Marcel (Dr.)		\$250.00
		Contributor address; City; State; Zip Code		
		Mission, TX 78572		
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/19/2024	Uribe, Lourdes (Dr.)		\$50.00
		Contributor address; City; State; Zip Code		
		McAllen, TX 78504		
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/19/2024	Valladares, Teresa (Dr.)		\$100.00
		Contributor address; City; State; Zip Code		
		Mission, TX 78572		
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)
	M.D			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 70/75 Rpt: 73/81
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Border Heal	th PAC		00055547
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/19/2024	Vasquez, Jose, A (Dr.)		\$250.00
	6 Contributor address; City; State; Zip Code		
	Rio Grande, TX 78582		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)
Doctor			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/19/2024	Veeramachaneni, Ravindra (Dr.)		\$25.00
	Mission, TX 78572		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Doctor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Vela, Carlos Ian (Mr.)		\$21.80
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
-	upation / Job title (See Instructions)	Employer (See Instructions)
private inves	stor		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Vela, Efraim (Dr.)		\$250.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78503		-
-	upation / Job title (See Instructions)	Employer (See Instructions	
Doctor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Vela, Oscar Rene (Mr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
Dringing occu	-	Employer (See Instructions	X
Private inve	upation / Job title (See Instructions) stor	Employer (See Instructions)
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 71/75 Rpt: 74/81	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
Border Healt	h PAC		00055547	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/19/2024	Vela, Susana (Ms.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Mission, TX 78572			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
private inves	tor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Velazquez, Orlando (Mr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Mission, TX 78572			
	pation / Job title (See Instructions)	Employer (See Instructions))	
private inves	tor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Velazquez, Rolando (Mr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Deumanduille TV 70E00			
Drizzinal acou	Raymondville, TX 78580	Employer (Coo Instructions	<u> </u>	
private inves	pation / Job title (See Instructions) tor	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)	*100.00
04/19/2024	Vera, Eloy (Mr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Rio Grande City, TX 78582			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
private inves	· · · · · · · · · · · · · · · · · · ·)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Villarreal, Rose Maria (Ms.)	/		\$250.00
07,10,202.	Contributor address; City; State; Zip Code			Ψ200.00
	כטוונווטענטו מעטוביז, כונץ, זומוב, בוף כסמב			
	McAllen, TX 78504			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
private inves			, 	
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	The Instruc	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 72/75 Rpt: 75/81	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/19/2024	Villarreal, Veronica (Ms.)				\$217.40
		6 Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
(04/19/2024	Villarreal, Victor (Dr.)				\$90.00
		Contributor address; City; State; Zip Code		1		
		Pharr, TX 78577				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Villarreal Jr, Jaime (Dr.)				\$7.27
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
(04/19/2024	Villegas, Gustavo (Mr.)				\$72.45
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
(04/19/2024	Villescas III, Gavino M. (Mr.)				\$47.24
		Contributor address; City; State; Zip Code				
		San Juan, TX 78589				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	private inves	tor				
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 73/75 Rpt: 76/81	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/19/2024	Viswamitra, Saroje (Dr.)				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		MaAllan TV 70E04				
-	Dringing ogg	McAllen, TX 78504	Employer (See Instructions	<u> </u>		
8	Doctor	pation / Job title (See Instructions)	9 Employer (See Instructions	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Vitko, Roger (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Walker, Ray (Mr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	private busin			"		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Wang, Ann (Dr.))		Amount of Contribution (\$)	\$10.00
	04/13/2024	Contributor address; City; State; Zip Code				φ10.00
		Contributor address, City, State, Zip Code				
		Palmhurst, TX 78573				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Webb, James (Mr.)				\$62.50
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private busin	ess owner				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 74/75 Rpt: 77/81
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Border Healt	th PAC		00055547
4 Date 04/19/2024	 5 Full name of contributor out-of-state PAC (ID#: Wiernik, Paola (Dr.) 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$)\$25.00
9 Dringingl occu	McAllen, TX 78501 pation / Job title (See Instructions)	9 Employer (See Instructions)	
physician)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Wilson, Teresa (Dr.)		\$50.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions)))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Woloski, Deborah (Ms.)		\$20.00
	Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	3)
private inves	tor		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Wong, Antonio (Dr.)		\$250.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
Principal occu Doctor	ipation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/19/2024	Yanez, Sandra (Ms.)		\$25.00
	Contributor address; City; State; Zip Code		
	Alton, TX 78573		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)
private inves	stor		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 75/75 Rpt: 78/81	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/19/2024	Yarra, Subbarao (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Zamir, Asif (Dr.)				\$250.00
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	doctor					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Zamora, Maria Luisa (Ms.)	······································			\$10.00
		McAllen, TX 78504				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	private inves	tor				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Zayed, Fuad (Dr.)				\$75.00
		Contributor address; City; State; Zip Code				
		Alton, TX 78573				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	physician		self-employed			
⊢						
I						

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense L Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P I Committee Legal Services S	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense							
	· · · ·								
1 Total pages Schedule F1: Sch: 1/1 Rpt: 79/81	2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547						
4 Date	5 Payee name								
04/08/2024	Riddle, Andrew (Mr.)								
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 3700 N. 10th suite 301								
Expenditure from corporate funds	McAllen, TX 78501								
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution 								
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held 8 Riddle, Andrew (Mr.) Sharyland ISD board									
Date	Payee name								
04/12/2024	Villarreal, Joel (Mr.)								
	. ,	Zin Codo							
Amount (\$)		Zip Code							
\$10,000.00	5332 E. Hwy 83								
Expenditure from corporate funds	Rio Grande City, TX 78582								
PURPOSE	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description							
OF EXPENDITURE	Contributions/Donations Made By		outside of Texas. Complete Schedule T.						
	Candidate/Officeholder/Political Committe		TX, officeholder living expense						
		Contribution							
Complete ONLY if direct	Candidate/Officeholder name Offi	ice sought	Office held						
expenditure to benefit C/OF	^H Villarreal, Joel (Mr.)		Rio Grande City Mayor						

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.								
Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filers 00055547)							
Date 03/29/2024	5 Payee name Lone Star National Bank							
Amount (\$) 3.00 Expenditure from corporate funds	7 Payee Address; City; State; Zip p.o. box 1127 pharr, TX 78577							
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Office Overhead/Rental Expense bank servicing fee expenditure							
Date 04/09/2024	Payee name Water Tower Village, Ltd							
Amount (\$) 1,331.25 Expenditure from	Payee Address; City; State; Zip 5221 N McColl Road							
_ corporate funds PURPOSE OF EXPENDITURE	Mcallen, TX 78502 (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of information required office lease space expenditure							

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

SCHEDULE K

	The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule K: Sch: 1/1 Rpt: 81/81		
2 FILER NAME 3 Filer				Filer ID	O (Ethics Commission Filers)		
	Border Health PAC 000				00055	547	
4	Date	5	Name of person from whom amount is received	•		8 Amount (\$)	
	03/31/2024		Lone Star National Bank			\$598.16	
		6	Address of person from whom amount is received; City; State; Zip Code				
			mcallen, TX 78502				
		7		politio	cal cont	ribution returned to filer	
			Quarterly interest credited				