

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 76,257.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 125,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 661,039.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Ernie Perez

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Border Health PAC		18 Filer ID (Ethics Commission Filers) 00055547
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 76,257.75
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 125,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,051.25
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/76 Rpt: 4/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ilinas-Cepeda, Jose Alejandro (Dr.)	7 Amount of Contribution (\$) \$80.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aboujamous, Riad (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abreu, Charity (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abreu MD, Richard (Mr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agapito, Adrian (Dr.)	Amount of Contribution (\$) \$6.88
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/76 Rpt: 5/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Adnam (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self-employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alam, Golam (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Justin (Mr.)	Amount of Contribution (\$) \$17.25
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alhroob, Assad (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali, Sardar (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Private investor		Employer (See Instructions) self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/76 Rpt: 6/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aliseda, Ernest (Mr.)	7 Amount of Contribution (\$) \$68.83
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Private Investor		9 Employer (See Instructions) Self-employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allan, Tareq (Mr.)	Amount of Contribution (\$) \$51.71
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Spencer (Mr.)	Amount of Contribution (\$) \$120.29
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleyn, Robert (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Mcallen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almedia, Hillary (Dr.)	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/76 Rpt: 7/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almedia, Jose (Dr.)	7 Amount of Contribution (\$) \$51.75
	6 Contributor address; City; State; Zip Code Boerne, TX 78015	
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alsabagh, Mourad (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Michelle (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apolinario, Jumar (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aquino, Eduardo (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/76 Rpt: 8/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arafat, Numan (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aranguena Sharpe, Gudadalupe (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arellano-Rodriguez, Anabel (Ms.)	Amount of Contribution (\$) \$6.85
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Argenal, Rodrigo (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arias-Viaud, Julio (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/76 Rpt: 9/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arrazola, Pedro (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asase, Danilo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Brownsville, TX 78526	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asistores, Marilyn (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asuage, Juan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aude, Wady (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/76 Rpt: 10/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avelino, Arturo (Mr.)	7 Amount of Contribution (\$) \$68.75
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, Felipe (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayers, Robert (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Badiga, Murthy (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barreda Jr., Raul (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/76 Rpt: 11/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Marcos (Mr.)	7 Amount of Contribution (\$) \$125.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) private business owner		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Ricardo (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Richard (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Mission, TX 78573	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self-employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazan, Johnny (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bejarano, Jose (Dr.)	Amount of Contribution (\$) \$108.78
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/76 Rpt: 12/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernini, Juan (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Ashley (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sarojini (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bracamontes, Yvonne (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caceres, Enrique (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/76 Rpt: 13/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cadena, Sandra (Ms.)	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code McAllen, TX 78504		
8 Principal occupation / Job title (See Instructions) Private Investor		9 Employer (See Instructions) Self-employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Ricardo (Dr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code McAllen, TX 78501		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canals, Desi (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mission, TX 78573		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Alonzo (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, David (Mr.)	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/76 Rpt: 14/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Leonel (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Melissa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caporusso, Joseph M. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos J. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Simon (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/76 Rpt: 15/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carreras, Jose (Dr.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) Dr		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castaneda, Marissa (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, James (Dr.)	Amount of Contribution (\$) \$34.25
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Melany (Dr.)	Amount of Contribution (\$) \$68.66
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos - Salas, Norma (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/76 Rpt: 16/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Changlani, Mahesh (Dr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez Paz, Juan (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self-employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Di (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherian, Ally (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper-Dockery, Dona (Dr.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) M.D		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/76 Rpt: 17/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordoba-Kissee, Michelle (Dr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) 78542		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronado Garcia, Aida (Ms.)	Amount of Contribution (\$) \$17.25
	Contributor address; City; State; Zip Code Brownsville, TX 78526	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortes, Oscar (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Eseban (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortinas, Diana (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/76 Rpt: 18/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortinas, Guillermo A. (Dr.)	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code McAllen, TX 78504		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortinas, Javier (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Edgar (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daley, Hearther (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code McAllen, TX 78503		
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Gorondo Arzamendi, Antonio (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/76 Rpt: 19/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza, Mia (Ms.)	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Leon, Monica (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deanda, David (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Mission, TX 78574	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Bosque, Oscar (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Parul (Dr.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/76 Rpt: 20/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Divino, Haydee T. (Ms.)	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Mission, TX 78572		
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Alberto (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Mission, TX 78504		
Principal occupation / Job title (See Instructions) Dr		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebreo, Ellie (Ms.)	Amount of Contribution (\$) \$69.97
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Echols, Minerva (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pharr, TX 78577		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esparza, Antonio (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Pharr, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/76 Rpt: 21/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esparza, Cristina (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78539	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espinoza, Manuel (Dr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$139.95
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrellado, Johnny (Dr.) <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrellado, Johnny (Dr.) <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon, Antonio (Dr.) <hr/> Contributor address; City; State; Zip Code Rio Grande, TX 78582	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/76 Rpt: 22/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon, Maria Elena (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Maria (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mcallen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Melissa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78542	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forse, Armour (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Mary (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/76 Rpt: 23/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Eugenio (Dr.)	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code McAllen, TX 78504		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Carlos (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Cynthia (Dr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Harlingen, TX 78550		
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Elvin (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Weslaco, TX 78596		
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Nancy (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/76 Rpt: 24/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Norma A. (Dr.)	7 Amount of Contribution (\$) \$114.58
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Oscar (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Pamela (Ms.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Ricardo (Dr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Samuel (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/76 Rpt: 25/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia Lopez, Javier (Mr.)	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrigos, Socrates (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Eduardo (Mr.)	Amount of Contribution (\$) \$6.65
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Gavino (Mr.)	Amount of Contribution (\$) \$18.63
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jaime (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/76 Rpt: 26/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jesus (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78501	
8 Principal occupation / Job title (See Instructions) doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Joaquin (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jose Rene (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Kareena (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Martin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Linn, TX 78563	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/76 Rpt: 27/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza Jr, Ruben (Mr.)	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelman, Lawrence (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code mcallen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giraldo, Alvaro (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Felipe (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Juan Pablo (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/76 Rpt: 28/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Marco (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Mario (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Victoria (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Donna, TX 78537	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez-Martinez, Marissa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Elizabeth Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Alamo, TX 78516	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/76 Rpt: 29/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ada (Mrs.)	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Alamo, TX 78516		
8 Principal occupation / Job title (See Instructions) private business owner		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Aida (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Edinburg, TX 78542		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Alfredo	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Pharr, TX 78577		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Jaime A. (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Edinburg, TX 78539		
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Jesus (Mr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Edinburg, TX 78542		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/76 Rpt: 30/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Roberto (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez Jr, Alfonso (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Brownsville, TX 78521	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Verley (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78574	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griego, Enrique (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadarrama, Delisa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/76 Rpt: 31/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guajardo, Maria Ruby (Dr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78503	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guardia, Juan A. (Dr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Daniel (Dr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Deborah (Ms.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$3.07
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Ernesto (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78502	Amount of Contribution (\$) \$95.99
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/76 Rpt: 32/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, R.Marcy (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78541	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gummadi, Sarada (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Marco (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Alberto (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Miguel (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/76 Rpt: 33/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Eduardo (Dr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Penitas, TX 78504	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haddad, Roberto (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haddad, Victor (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hance, Courtney (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Joseph (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/76 Rpt: 34/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helbing, Robert (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78501	
8 Principal occupation / Job title (See Instructions) private business owner		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensler, Blake (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensler, Monique (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Ambrosio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Cristela (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/76 Rpt: 35/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Daniel (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Brownsville, TX 78520	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Max (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Rene (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Maria Ester (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/76 Rpt: 36/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honrubia, Dynio (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honrubia, Vincent (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iglesias, Norma (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igoa, Jose (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irigoyen, Fructuoso (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/76 Rpt: 37/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jelinek, Michael T (Dr.)	7 Amount of Contribution (\$) \$165.60
6 Contributor address; City; State; Zip Code McAllen, TX 78504		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez-Flores, Danielle (Dr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joule, Donna-Gail (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code McAllen, TX 78501		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalaf, Nelson (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Mcallen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalantari, Saeed (Mr.)	Amount of Contribution (\$) \$17.25
Contributor address; City; State; Zip Code Harlingen, TX 78552		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/76 Rpt: 38/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanhery, Gauri (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Rio Grande, TX 78582	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khademi, Kambiz (Mr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code McAllen, TX 78502	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Muhammad (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiani, Gholam (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kotaki, Mohammad H. (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/76 Rpt: 39/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kutugata, Jorge (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Weslaco, TX 78596	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lares, Irene (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazaro, Fernando (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Ramiro (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledesma, Raul (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/76 Rpt: 40/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lema, Rodrigo (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerma Jr., Ricardo (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mercedes, TX 78570	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Lyuba (Dr.)	Amount of Contribution (\$) \$86.04
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limas, Flor (Dr.)	Amount of Contribution (\$) \$41.88
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Rick (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/76 Rpt: 41/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linan, Enrique (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger, Dale (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Manchaca, TX 78652	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lizzcano, Mario (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loggiodice, Nelson (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loja, Wilmer (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/76 Rpt: 42/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jose (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Palmhurst, TX 78573	
8 Principal occupation / Job title (See Instructions) doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Pamela (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez Jr., Alfredo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Rodolfo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78574	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Sergio (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/76 Rpt: 43/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mabulac, Deborah (Ms.)	7 Amount of Contribution (\$) \$8.62
	6 Contributor address; City; State; Zip Code Edinburg, TX 78541	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm , Javier Barney (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangi, Salil (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangoo-Karim, Robert (Dr.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manoharan, Paulrajan (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/76 Rpt: 44/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manon, Jacinto (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manrique, Carlos (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marichalar, Luis (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marina, Jose Mario (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mission, TX 78573	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Luis A. (Mr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/76 Rpt: 45/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Ricardo (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mata, Nelson (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathavan, Rajeen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Joseph (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNutt, Kimberly (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/76 Rpt: 46/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Bertha (Dr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78501	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Javier (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Mission, TX 78574	
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Lorena (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Martha Carmen (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Melecio (Dr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/76 Rpt: 47/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina Jr., Ricardo (Mr.)	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mego, Carlos (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mejia, Juana (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Donna, TX 78557	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Oscar (Dr.)	Amount of Contribution (\$) \$165.60
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Salvador (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/76 Rpt: 48/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado, Manuel (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Scott (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milano, Emil (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milov, Simon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirmohammadi, Rowena (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/76 Rpt: 49/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Jo Ann (Dr.)	7 Amount of Contribution (\$) \$3.72
	6 Contributor address; City; State; Zip Code McAllen, TX 78502	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohamed, Carlos N. (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohamed, Samira (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohme, Ruben (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moncada, Armando (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/76 Rpt: 50/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montanez, Guillermo (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes, Jorge A. (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes, Jorge Jayne (Mr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes, Laura (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Carlos E (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/76 Rpt: 51/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Juan (Mr.)	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Alton, TX 78574	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Leonel (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Mission, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulukutla, Surya Narayan (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Roberto (Dr.)	Amount of Contribution (\$) \$68.50
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagaraj, Namitha (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/76 Rpt: 52/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nandipandy, S. (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Weslaco, TX 78596	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Zoraly (Ms.)	Amount of Contribution (\$) \$275.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, Esmeralda (Mrs.)	Amount of Contribution (\$) \$6.88
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, Kristy (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogunlana, Victor (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/76 Rpt: 53/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohabor, Chioma (Ms.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Private Investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohabor, Constantine (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olgin, Gaudencio (Dr.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliveira, Noel E (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orfanos, John (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/76 Rpt: 54/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otero, Fernando (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code mcallen, TX 78502	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Kip (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozuna, Ronnie (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Maritza (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Weslaco, TX 78599	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palacios, Esteban (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78540	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/76 Rpt: 55/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palacios Merchan, Juan Diego (Dr.)	7 Amount of Contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code Edinburg, TX 78539		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palau Garza, Juan L. (Mr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Pharr, TX 78577		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palimar, P (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pathak, Umesh Kumar (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Weslaco, TX 78596		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pechero, Guillermo (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/76 Rpt: 56/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Diamantina (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Mcallen, TX 78504	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Diamantina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mcallen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Priscilla (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78574	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Raul (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Victor (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78574	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/76 Rpt: 57/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peralez, Rosie (Ms.)	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Edinburg, TX 78539		
8 Principal occupation / Job title (See Instructions) Private Investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Ernie (Mr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code McAllen, TX 78502-5360		
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Florencia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code McAllen, TX 78503		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Francisco (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Edinburg, TX 78539		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Guillermo (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code McAllen, TX 78501		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/76 Rpt: 58/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Nina (Ms.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peynado, Herrietta (Ms.)	Amount of Contribution (\$) \$25.68
	Contributor address; City; State; Zip Code Mercedes, TX 78570	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierre-Louise, Michael (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillai, Revi (Mr.)	Amount of Contribution (\$) \$6.85
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Bill (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) M		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/76 Rpt: 59/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preciado, Sergio (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prieto-Harris, Roberto (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puttagunta, Sobha (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quach, Tin (Dr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinteros, Maria (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/76 Rpt: 60/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafols, Rafael (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Physician/Self-employed		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Ernesto (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Luis (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Sergio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Thelma (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/76 Rpt: 61/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel, Mario (Mr.)	7 Amount of Contribution (\$) \$8.38
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Yohan (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reddy, Vangala J (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinoso, Manuel (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Restrepo, Williams (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/76 Rpt: 62/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios Jr, Jesus (Mr.)	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code McAllen, TX 78504		
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Jennifer (Ms.)	Amount of Contribution (\$) \$3.42
Contributor address; City; State; Zip Code Edinburg, TX 78539		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Jennifer (Ms.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Edinburg, TX 78539		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robalino, Benjamin (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robles, Luis H. (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/76 Rpt: 63/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Edgar (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Maria (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Ofelia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mcallen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sergio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez-Ayala, Heriberto (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78502	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/76 Rpt: 64/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez-Rico, Daniella (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Henry (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Jose (Mr.)	Amount of Contribution (\$) \$26.83
	Contributor address; City; State; Zip Code Mission, TX 78534	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, J.J (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Javier (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/76 Rpt: 65/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jennifer (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jessica (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mcallen, TX 78502	
Principal occupation / Job title (See Instructions) Private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Vanessa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78541	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saffels, Nathan (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safir, Larry (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mcallen, TX 78503	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/76 Rpt: 66/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saladino, Nicole (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Juan J. (Dr.) <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saldivar, Aida (Ms.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Annabelle (Ms.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/76 Rpt: 67/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Mariano (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Dr.		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Miguel A. (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78503	Amount of Contribution (\$) \$6.88
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Samuel (Mr.) <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Elisa Garza (Dr.) <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$136.99
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/76 Rpt: 68/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Gilberto (Mr.)	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Brownsville, TX 78520		
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Oscar (Mr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Edcouch, TX 78538		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento Cano, Juan P. Javier (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seas, Manuel (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serna, Samuel (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/76 Rpt: 69/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Pankaikumar (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shuaib, Tawid (Dr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78503	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siberman, Herschi (Dr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siedow, Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sifuentes, Pamela (Ms.) <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78596	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/76 Rpt: 70/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slavin, Dennis (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Hilda (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto, Hector (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sustaita, Raul (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Donna, TX 78537	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/76 Rpt: 71/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swarup, Jyothi (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sy, Wilson (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamez, Daniel (Mr.)	Amount of Contribution (\$) \$6.67
	Contributor address; City; State; Zip Code Alton, TX 78573	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tey, Alejandro (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tharp, Maribel (Ms.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/76 Rpt: 72/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Erica (Ms.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Pharr, TX 78577	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Fadi (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tovar, Sandra (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trejo, Jose (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Ernesto	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/76 Rpt: 73/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Kyara J. (Ms.)	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code La Joya, TX 78560		
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Lisa (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turley, Susan (Mrs.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twahiwa, Marcel (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uribe, Lourdes (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/76 Rpt: 74/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valladares, Teresa (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) M.D		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Jose, A (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Rio Grande, TX 78582	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veeramachaneni, Ravindra (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Carlos Ian (Mr.)	Amount of Contribution (\$) \$20.65
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Efraim (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/76 Rpt: 75/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Oscar Rene (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Susana (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velazquez, Orlando (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velazquez, Rolando (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Raymondville, TX 78580	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Eloy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rio Grande City, TX 78582	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/76 Rpt: 76/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Rose Maria (Ms.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Veronica (Ms.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$205.91
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Victor (Dr.) <hr/> Contributor address; City; State; Zip Code Pharr, TX 78577	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal Jr, Jaime (Dr.) <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$6.88
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Gustavo (Mr.) <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$34.37
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/76 Rpt: 77/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villescas III, Gavino M. (Mr.)	7 Amount of Contribution (\$) \$44.74
	6 Contributor address; City; State; Zip Code San Juan, TX 78589	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viswamitra, Saroje (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitko, Roger (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Ray (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Ann (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Palmhurst, TX 78573	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/76 Rpt: 78/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, James (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) private business owner		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiernik, Paola (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Teresa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woloski, Deborah (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Antonio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/76 Rpt: 79/85
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yanez, Sandra (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Alton, TX 78573	
8 Principal occupation / Job title (See Instructions) private investor		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarra, Subbarao (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamir, Asif (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamora, Maria Luisa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zayed, Fuad (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Alton, TX 78573	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) self-employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 80/85	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/07/2024	5 Payee name Canales, Erica (Ms.)	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 602 W University Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Canales, Erica (Ms.)	Office sought Hidalgo County Appraisal district
Date 05/09/2024	Payee name Canales, Terry (Rep.)	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 602 W University Dr. suite b Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Canales, Terry (Rep.)	Office held State Representative District 40
Date 05/10/2024	Payee name Gamez, Erin (Rep.)	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 777 E. Harrison Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gamez, Erin (Rep.)	Office held State Representative District 38

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 81/85	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/10/2024	5 Payee name Guillen, Ryan (Rep.)	
6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 100 N. FM 3167, Suite 212 Rio Grande City, TX 78582	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guillen, Ryan (Rep.)	Office sought Office held State Representative District 31
Date 05/13/2024	Payee name Hernandez, Ana (Rep.)	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1233 Mercury Drive Houston, TX 77029	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hernandez, Ana (Rep.)	Office sought Office held State Representative District
Date 05/13/2024	Payee name Johnson, Ann (Rep.)	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5601 West Loop S Suite C128 Houston, TX 77081	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Johnson, Ann (Rep.)	Office sought Office held State Representative District

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 82/85	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/21/2024	5 Payee name Longoria, Oscar (Rep.)	
6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2001 Mile 3 Rd Penitas, TX 78576	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Longoria, Oscar (Rep.)	Office sought Office held State Representative District 35
Date 05/22/2024	Payee name Lopez, Janie (Rep.)	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1390 W. Expressway 83 San Benito, TX 78586	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lopez, Janie (Rep.)	Office sought Office held State Representative District 37
Date 05/09/2024	Payee name Martinez, Armando (Rep.)	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 914 W. Pike Blvd Weslaco, TX 78596	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Martinez, Armando (Rep.)	Office sought Office held State Representative District 39

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 83/85	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/16/2024	5 Payee name Moody, Joseph (Rep.)	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7365 Remcon Circle C301 El Paso, TX 79912	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Moody, Joseph (Rep.)	Office sought Office held State Representative District 78
Date 05/17/2024	Payee name Munoz Jr., Sergio (Rep.)	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 121 E. Tom Landry Mission, TX 78572	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Munoz, Jr, Sergio (Rep.)	Office sought Office held State Representative District 36
Date 05/20/2024	Payee name Rose, Toni (Rep.)	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3155 Lancaster Rd #220 Dallas, TX 75216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rose, Toni (Rep.)	Office sought Office held State Representative District

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 84/85	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/10/2024	5 Payee name Thompson, Senfronia (Rep.)	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 350 N Sam Houston Pkwy suite b202 Houston, TX 77060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Thompson, Senfronia (Rep.)	Office sought Office held State Representative District
Date 05/17/2024	Payee name Turner, Chris (Rep.)	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 320 Westway Place, suite 501 Arlington, TX 76018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Turner, Chris (Rep.)	Office sought Office held State Representative District
Date 05/10/2024	Payee name Walle, Armando (Rep.)	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2909 E Aldine Amphitheatre drive suite 307 Houston, TX 77039	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Walle, Armando (Rep.)	Office sought Office held State Representative District

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date 05/03/2024	5 Payee name Water Tower Village, Ltd	
6 Amount (\$) 3,051.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5221 N McColl Road Mcallen, TX 78502	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) lease expenditure