#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00055547 3 COMMITTEE NAME **OFFICE USE ONLY** Border Health PAC Date Received **ELECTRONICALLY FILED** 06/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 612 W. Nolana, Ste. 340 Change of Address McAllen, TX 78504 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ernie NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Perez CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 612 W. Nolana, Ste. 340 STREET **ADDRESS** (Residence or Business) McAllen, TX 78504 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 612 W. Nolano, Ste. 340 MAILING **ADDRESS** Change of Address McAllen, TX 78504 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (956) 994-9757 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 X June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 04/26/2024 05/25/2024

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

| 2 COMMITTEE NAME  |   |   | 13 File              |            | (Ethics Commission Filers)                    |
|---|---|---|----------------------|------------|---|
| Border Health PAC   |   |   | 000                  | 55547      |   |
| 4 COMMITTEE   | 1. Candidates   | A. Supported  |                      |            |   |
| ACTIVITY  | (Identify by name or, if applicable, classify by party.)          |   |                      |            |   |
| (Attach lists on plain paper to complete this report if necessary.) |   | B. Opposed  |                      |            |   |
|   | 0. 14   | A. Cupported  |                      |            |   |
|   | Measures     (Describe by date and location                       | A. Supported  |                      |            |   |
|   | of election and nature of issue.)                                 |   |                      |            |   |
|   |   | B. Opposed  |                      |            |   |
|   | 3. Officeholders  |   |                      |            |   |
|   | Assisted (Identify by name or, if applicable, classify by party.) |   |                      |            |   |
| .5 CONTRIBUTION   | 1. TOTAL UNITEMIZEI   | POLITICAL CONTRIBUTIONS (OTHER  | THAN                 | Ī          |   |
| TOTALS  | PLEDGES, LOANS,<br>CONTRIBUTIONS N                                | OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold |                      | \$         | 0.00  |
|   | 2. TOTAL POLITICA   | ·   |                      | \$         |   |
|   | (OTHER THAN PLEI  | OGES, LOANS, OR GUARANTEES OF LO  | OANS)                | 9          | 76,257.75                                     |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED   | POLITICAL EXPENDITURES  |                      | \$         | 0.00  |
|   | 4. TOTAL POLITICA   | L EXPENDITURES  |                      | \$         | 125,000.00                                    |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL (<br>OF THE REPORTIN                           | CONTRIBUTIONS MAINTAINED AS OF T<br>G PERIOD  | THE LAST DAY         | \$         | 661,039.35                                    |
| OUTSTANDING<br>LOAN TOTALS  |   | AMOUNT OF ALL OUTSTANDING LOAN<br>REPORTING PERIOD  | IS AS OF THE         | \$         | 0.00  |
| 6 AFFIDAVIT   | <u> </u>  |   |                      |            |   |
|   |   | I swear, or affirm, under per<br>true and correct and include<br>under Title 15, Election Cod | es all information r | at the ace | ccompanying report is<br>to be reported by me |
|   |   |   | Mr. Ernie Pere       | ez         |   |
|   |   | Signa   | ture of Campaign     |            | er  |
| AFFIX NOTARY  | STAMP / SEAL ABOVE  | -   |                      |            |   |
| Sworn to and subscribed   | before me, by the said  |   | . this the           |            | day   |
|   |   | which, witness my hand and seal of office.  |                      |            |   |
|   |   |   |                      |            |   |
| Signature of officer ad   | ministering oath  | Printed name of officer administering oath  | n Title              | of office  | er administering oath                         |

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

|       |         |   |              |              | 3 of 85        |
|-------|---------|---|--------------|--------------|----------------|
| 17 CC | MMITTE  | EE NAME   | 18 Filer ID  | (Ethics Comm | ission Filers) |
|       |         | ealth PAC   | 00055547     | (            | ,              |
|       |         | E SUBTOTALS   |              | T            |                |
| l     |         | SCHEDULE  |              | SUBTOT       | AL AMOUNT      |
| 10/   | IVIL OI | SCHEDOLE  |              |              |                |
| 1.    | X       | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                             |              | \$           | 76,257.75      |
| 2.    |         | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS               |              | \$           |                |
| 3.    |         | SCHEDULE B: PLEDGED CONTRIBUTIONS   |              | \$           |                |
| 4.    |         | PR  | \$           |              |                |
| 5.    |         | \$  |              |              |                |
| 6.    |         | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG               | ANIZATION    | \$           |                |
| 7.    |         | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION  |              | \$           |                |
| 8.    |         | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (             | ORGANIZATION | \$           |                |
| 9.    |         | \$  |              |              |                |
| 10.   | X       | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION           | S            | \$           | 125,000.00     |
| 11.   |         | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                  |              | \$           |                |
| 12.   |         | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION          | ONS          | \$           |                |
| 13.   |         | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                             |              | \$           |                |
| 14.   | Х       | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION        | ONS          | \$           | 3,051.25       |
| 15.   |         | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED     | \$           |                |
|       |         |   |              |              |                |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO   | NS                                       |   | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|--|---|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this fo  | rm.                                      | 1 | Total pages Schedule A1:<br>Sch: 1/76 Rpt: 4/85 |             |
| 2 | FILER NAME<br>Border Healt  | n PAC   |  | 3 | Filer ID (Ethics Commission 00055547            | n Filers)   |
| 4 | Date<br>05/17/2024          | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_ llinas-Cepeda, Jose Alejandro (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |  | 7 | Amount of Contribution (\$)                     | \$80.00     |
| • | Dringing aggr               | McAllen, TX 78504   | • Employer (See Instructions             |   |   |             |
| 8 | physician                   | pation / Job title (See Instructions)   | 9 Employer (See Instructions             | ) |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:_Aboujamous, Riad (Mr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504                         | )  |   | Amount of Contribution (\$)                     | \$25.00     |
|   | Principal occu              | pation / Job title (See Instructions)   | Employer (See Instructions               | ) |   |             |
|   | private inves               | tor   |  |   |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:Abreu, Charity (Dr.)  Contributor address; City; State; Zip Code   | )  |   | Amount of Contribution (\$)                     | \$250.00    |
|   |                             | Mission, TX 78572   |  |   |   |             |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)   | Employer (See Instructions               | ) |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#: Abreu MD, Richard (Mr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504                        | )  |   | Amount of Contribution (\$)                     | \$150.00    |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)   | Employer (See Instructions               | ) |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:Agapito, Adrian (Dr.)  Contributor address; City; State; Zip Code  Pharr, TX 78577                             |  |   | Amount of Contribution (\$)                     | \$6.88      |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions Self-employed | ) |   |             |
|   |                             | 1   |  |   |   |             |

|   | MONET                           | ARY POLITICAL C  | ONTRIBUTION                             | IS                                       |                | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|---|--|----------------|---|-------------|
|   | The Instru                      | ction Guide explains how   | to complete this for                    | m.                                       | 1              | Total pages Schedule A1:<br>Sch: 2/76 Rpt: 5/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |   |  | 3              | Filer ID (Ethics Commission 00055547            | n Filers)   |
| 4 | Date 05/17/2024                 | <ul><li>5 Full name of contributor Ahmed, Adnam (Dr.)</li><li>6 Contributor address; City; Sta</li></ul> | out-of-state PAC (ID#:                  | )  | 7              | Amount of Contribution (\$)                     | \$100.00    |
|   |                                 | Edinburg, TX 78539   | ,                                       |  |                |   |             |
| 8 | Principal occu<br>Physician     | pation / Job title (See Instructions)  | 9                                       | Employer (See Instructions Self-employed | 5)             |   |             |
|   | Date<br>05/17/2024              | Full name of contributor Alam, Golam (Dr.)  Contributor address; City; Sta                               |   | )  |                | Amount of Contribution (\$)                     | \$20.00     |
|   |                                 | McAllen, TX 78503  |   |  |                |   |             |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  |   | Employer (See Instructions               | 5)             |   |             |
|   | Date<br>05/17/2024              | Full name of contributor [<br>Alexander, Justin (Mr.)<br>Contributor address; City; Sta                  | out-of-state PAC (ID#:<br>tte; Zip Code | )  |                | Amount of Contribution (\$)                     | \$17.25     |
|   |                                 | Harlingen, TX 78550  |   |  |                |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   |   | Employer (See Instructions               | 5)             |   |             |
|   | Date<br>05/17/2024              | Full name of contributor Alhroob, Assad (Dr.) Contributor address; City; Sta                             |   |  |                | Amount of Contribution (\$)                     | \$20.00     |
|   | Principal occu                  | pation / Job title (See Instructions)  |   | Employer (See Instructions               | <u> </u><br>5) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor  Ali, Sardar (Mr.)  Contributor address; City; Sta  Mission, TX 78572           | out-of-state PAC (ID#:                  |  |                | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu<br>Private inves | pation / Job title (See Instructions)<br>stor  |   | Employer (See Instructions self employed | 5)             |   |             |
|   |                                 |  | <u> </u>                                |  |                |   |             |

|   | MONET                           | ARY POLITICAL C   | CONTRIBUTION                         | IS                         |       | SCHEDUI   | E A1       |
|---|---------------------------------|---|--------------------------------------|----------------------------|-------|---|------------|
|   | The Instru                      | ction Guide explains how  | to complete this for                 | n.                         | 1     | Total pages Schedule A1:<br>Sch: 3/76 Rpt: 6/85 |            |
| 2 | FILER NAME<br>Border Healt      | h PAC   |                                      |                            | 3     | Filer ID (Ethics Commission 00055547            | on Filers) |
| 4 | Date 05/17/2024                 | <ul><li>5 Full name of contributor<br/>Aliseda, Ernest (Mr.)</li><li>6 Contributor address; City; Sta</li></ul> | out-of-state PAC (ID#:atte; Zip Code | )                          | 7     | Amount of Contribution (\$)                     | \$68.83    |
| 8 | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)   | lg.                                  | Employer (See Instructions | )<br> |   |            |
| • | Private Inves                   |   |                                      | Self-employed              | ',    |   |            |
|   | Date<br>05/17/2024              | Full name of contributor Allan, Tareq (Mr.)  Contributor address; City; Sta                                     |                                      | )                          |       | Amount of Contribution (\$)                     | \$51.71    |
|   |                                 | McAllen, TX 78504   |                                      |                            |       |   |            |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor  |                                      | Employer (See Instructions | s)    |   |            |
|   | Date<br>05/17/2024              | Full name of contributor Allen, Spencer (Mr.) Contributor address; City; Sta                                    | out-of-state PAC (ID#:ate; Zip Code  | )                          |       | Amount of Contribution (\$)                     | \$120.29   |
|   |                                 | Edinburg, TX 78539  |                                      |                            |       |   |            |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor  |                                      | Employer (See Instructions | 5)    |   |            |
|   | Date<br>05/17/2024              | Full name of contributor Alleyn, Robert (Dr.) Contributor address; City; Sta                                    |                                      | )                          |       | Amount of Contribution (\$)                     | \$1,000.00 |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   | 1                                    | Employer (See Instructions | 5)    |   |            |
|   | Date<br>05/17/2024              | Full name of contributor Almedia, Hillary (Dr.) Contributor address; City; Sta                                  | out-of-state PAC (ID#:               |                            |       | Amount of Contribution (\$)                     | \$75.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   |                                      | Employer (See Instructions | 5)    |   |            |
|   |                                 |   | <u>'</u>                             |                            |       |   |            |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO  | NS                           |    | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|------------------------------|----|---|-------------|
|   | The Instru                      | ction Guide explains how to complete this fo   | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 4/76 Rpt: 7/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                              | 3  | Filer ID (Ethics Commission 00055547            | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>  |                              | 7  | Amount of Contribution (\$)                     | \$51.75     |
|   |                                 | Boerne, TX 78015   |                              |    |   |             |
| 8 | Principal occu<br>physician     | pation / Job title (See Instructions)  | 9 Employer (See Instructions | i) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Alsabagh, Mourad (Dr.)  Contributor address; City; State; Zip Code                     |                              |    | Amount of Contribution (\$)                     | \$250.00    |
|   | Principal occu                  | Edinburg, TX 78539 pation / Job title (See Instructions)   | Employer (See Instructions   |    |   |             |
|   | physician                       | Jation / Job title (See Instructions)  | Employer (See instructions   | ') |   |             |
|   | Date 05/17/2024                 | Full name of contributor   |                              |    | Amount of Contribution (\$)                     | \$5.00      |
|   |                                 | McAllen, TX 78504  |                              |    |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   | Employer (See Instructions   | i) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Apolinario, Jumar (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572 |                              |    | Amount of Contribution (\$)                     | \$100.00    |
|   | Principal occu<br>doctor        | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Aquino, Edwardo (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504   | )                            |    | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | Employer (See Instructions   | () |   |             |
|   |                                 | -  |                              |    |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTION  | NS                         |    | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|---|----------------------------|----|---|-------------|
|   | The Instruc                     | ction Guide explains how to complete this for   | rm.                        | 1  | Total pages Schedule A1:<br>Sch: 5/76 Rpt: 8/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC   |                            | 3  | Filer ID (Ethics Commission 00055547            | n Filers)   |
| 4 | Date<br>05/17/2024              | <ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>   | )                          | 7  | Amount of Contribution (\$)                     | \$250.00    |
| 8 | Principal occu                  | McAllen, TX 78503 pation / Job title (See Instructions)   | Employer (See Instructions |    |   |             |
| Ü | doctor                          | pation / Job title (See instructions)   | Employer (See manuchoris   | ') |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Aranguena Sharpe, Gudadalupe (Dr.)  Contributor address; City; State; Zip Code          | )                          |    | Amount of Contribution (\$)                     | \$100.00    |
|   | Dringinal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)   | Employer (See Instructions |    |   |             |
|   | Physician Physician             | pation / Job title (See Instructions)   | Employer (See instructions | ') |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Arellano-Rodriguez, Anabel (Ms.)  Contributor address; City; State; Zip Code            | )                          |    | Amount of Contribution (\$)                     | \$6.85      |
|   |                                 | McAllen, TX 78501   |                            |    |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor   | Employer (See Instructions | i) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Argenal, Rodrigo (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504   |                            |    | Amount of Contribution (\$)                     | \$20.00     |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   | Employer (See Instructions | 5) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Arias-Viaud, Julio (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572 | )                          |    | Amount of Contribution (\$)                     | \$100.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   | Employer (See Instructions | () |   |             |
|   |                                 | <u> </u>  |                            |    |   |             |

|   | MONET                      | ARY POLITICAL CONTRIBUTION   | DNS                            |         | SCHEDUL   | E <b>A1</b> |
|---|----------------------------|--|--------------------------------|---------|---|-------------|
|   | The Instruc                | ction Guide explains how to complete this f  | orm.                           | 1       | Total pages Schedule A1:<br>Sch: 6/76 Rpt: 9/85 |             |
| 2 | FILER NAME<br>Border Healt | n PAC  |                                | 3       | Filer ID (Ethics Commission 00055547            | n Filers)   |
| 4 | Date<br>05/17/2024         | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Arrazola, Pedro (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                                | 7       | Amount of Contribution (\$)                     | \$250.00    |
| _ | Deinainal assu             | McAllen, TX 78504  | lo Francisco (Con Instructions |         |   |             |
| 8 | Doctor                     | pation / Job title (See Instructions)  | 9 Employer (See Instructions   | 5)      |   |             |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_Asase, Danilo (Dr.)  Contributor address; City; State; Zip Code                                |                                | •       | Amount of Contribution (\$)                     | \$100.00    |
|   |                            | Brownsville, TX 78526  | 1                              | <u></u> |   |             |
|   | Principal occur<br>Doctor  | pation / Job title (See Instructions)  | Employer (See Instructions     | S)      |   |             |
|   | Date 05/17/2024            | Full name of contributor out-of-state PAC (ID#:_Asistores, Marilyn (Dr.)  Contributor address; City; State; Zip Code                           |                                | •       | Amount of Contribution (\$)                     | \$75.00     |
|   |                            | Edinburg, TX 78539   |                                |         |   |             |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)  | Employer (See Instructions     | 5)      |   |             |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_Asuage, Juan (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504              | )                              |         | Amount of Contribution (\$)                     | \$250.00    |
|   | Principal occu<br>Doctor   | oation / Job title (See Instructions)  | Employer (See Instructions     | 5)      |   |             |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_Aude, Wady (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78501                |                                |         | Amount of Contribution (\$)                     | \$25.00     |
|   | Principal occu<br>Doctor   | oation / Job title (See Instructions)  | Employer (See Instructions     | s)      |   |             |
|   |                            |  | •                              |         |   |             |

|   | MONET                      | ARY POLITICAL CONTRIBI  | UTION    | IS                         |    | SCHEDUL  | E A1       |
|---|----------------------------|---|----------|----------------------------|----|--|------------|
|   | The Instruc                | ction Guide explains how to complete  | this for | m.                         | 1  | Total pages Schedule A1:<br>Sch: 7/76 Rpt: 10/85 |            |
| 2 | FILER NAME<br>Border Healt | h PAC   |          |                            | 3  | Filer ID (Ethics Commission 00055547             | on Filers) |
| 4 | Date<br>05/17/2024         | <ul> <li>Full name of contributor  out-of-state PA Avelino, Arturo (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |          |                            | 7  | Amount of Contribution (\$)                      | \$68.75    |
| _ | Dringing age               | McAllen, TX 78503   | 10       | Employer (See Instructions | _  |  |            |
| 8 | private inves              | pation / Job title (See Instructions)<br>tor  | g        | Employer (See Instructions | 5) |  |            |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PA Avila, Felipe (Dr.)  Contributor address; City; State; Zip Code                                |          |                            |    | Amount of Contribution (\$)                      | \$1,000.00 |
|   | Dringing aggr              | Weslaco, TX 78596   |          | Employer (See Instructions | _  |  |            |
|   | Doctor                     | pation / Job title (See Instructions)   |          | Employer (See Instructions | ') |  |            |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PA Ayers, Robert (Dr.)  Contributor address; City; State; Zip Code                                | AC (ID#: | )                          |    | Amount of Contribution (\$)                      | \$100.00   |
|   |                            | McAllen, TX 78501   |          |                            |    |  |            |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)   |          | Employer (See Instructions | 5) |  |            |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PA Badiga, Murthy (Dr.)  Contributor address; City; State; Zip Code  Weslaco, TX 78596            |          | )                          |    | Amount of Contribution (\$)                      | \$250.00   |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)   |          | Employer (See Instructions | () |  |            |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PA Barreda Jr., Raul (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503         |          | )                          |    | Amount of Contribution (\$)                      | \$10.00    |
|   | Principal occu<br>Doctor   | oation / Job title (See Instructions)   |          | Employer (See Instructions | )  |  |            |
|   |                            |   |          |                            |    |  |            |

|   | MONET                       | ARY POLITICAL C   | ONTRIBUTIO                              | NS                                       |        | SCHEDUI  | E A1       |
|---|-----------------------------|---|---|--|--------|--|------------|
|   | The Instru                  | ction Guide explains how  | to complete this fo                     | rm.                                      | 1      | Total pages Schedule A1:<br>Sch: 8/76 Rpt: 11/85 |            |
| 2 | FILER NAME<br>Border Healt  | h PAC   |   |  | 3      | Filer ID (Ethics Commission 00055547             | on Filers) |
| 4 | Date 05/17/2024             | <ul><li>5 Full name of contributor<br/>Barrera, Marcos (Mr.)</li><li>6 Contributor address; City; St.</li></ul> | out-of-state PAC (ID#:<br>ate; Zip Code |  | 7      | Amount of Contribution (\$)                      | \$125.00   |
| _ | Deinsinal assu              | McAllen, TX 78504   | <u> </u>                                | 2. Evanlavas (Caa la atsuationa          |        |  |            |
| 8 | private busin               | pation / Job title (See Instructions<br>less owner  | )                                       | 9 Employer (See Instructions             | 5)     |  |            |
|   | Date<br>05/17/2024          | Full name of contributor Barrera, Ricardo (Dr.) Contributor address; City; St                                   |   | )  |        | Amount of Contribution (\$)                      | \$1,000.00 |
|   | Principal occu              | Mission, TX 78572 pation / Job title (See Instructions  |   | Employer (See Instructions               | ;)<br> |  |            |
|   | Doctor                      | pation / dob title (dee mandellons  | ,                                       | Employer (Gee mondenorie                 | ,,     |  |            |
|   | Date<br>05/17/2024          | Full name of contributor Barrera, Richard (Dr.) Contributor address; City; St                                   | out-of-state PAC (ID#:                  | )  |        | Amount of Contribution (\$)                      | \$250.00   |
|   |                             | Mission, TX 78573   |   |  |        |  |            |
|   | Principal occu<br>Physician | pation / Job title (See Instructions  | )                                       | Employer (See Instructions self-employed | 5)     |  |            |
|   | Date<br>05/17/2024          | Full name of contributor Bazan, Johnny (Dr.) Contributor address; City; St. Mission, TX 78572                   |   |  |        | Amount of Contribution (\$)                      | \$10.00    |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions  |   | Employer (See Instructions               | 5)     |  |            |
|   | Date<br>05/17/2024          | Full name of contributor Bejarano, Jose (Dr.)  Contributor address; City; St.  McAllen, TX 78504                | out-of-state PAC (ID#:                  |  |        | Amount of Contribution (\$)                      | \$108.78   |
|   | Principal occu<br>Physician | pation / Job title (See Instructions  |   | Employer (See Instructions self-employed | s)     |  |            |
|   |                             |   |   |  |        |  |            |

|   | MONET                      | ARY POLITICAL CONTRIBUTIO  | NS                            |     | SCHEDUL  | E A1       |
|---|----------------------------|--|-------------------------------|-----|--|------------|
|   | The Instruc                | ction Guide explains how to complete this fo   | orm.                          | 1   | Total pages Schedule A1:<br>Sch: 9/76 Rpt: 12/85 |            |
| 2 | FILER NAME<br>Border Healt | h PAC  |                               | 3   | Filer ID (Ethics Commission 00055547             | on Filers) |
| 4 | Date 05/17/2024            | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Bernini, Juan (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                               | 7   | Amount of Contribution (\$)                      | \$250.00   |
| 8 | Dringinal occu             | Mission, TX 78572 pation / Job title (See Instructions)  | 9 Employer (See Instructions  | ·/- |  |            |
| 0 | Doctor                     | oation / Job title (See instructions)  | e Employer (See Instructions  | ·)  |  |            |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Bose, Ashley (Dr.)  Contributor address; City; State; Zip Code                           |                               |     | Amount of Contribution (\$)                      | \$50.00    |
|   | Delicalization             | McAllen, TX 78501  | Faralas an (Caralas tracticas |     |  |            |
|   | Doctor                     | pation / Job title (See Instructions)  | Employer (See Instructions    | 5)  |  |            |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_ Bose, Sarojini (Dr.)  Contributor address; City; State; Zip Code                            |                               | •   | Amount of Contribution (\$)                      | \$1,000.00 |
|   |                            | McAllen, TX 78501  |                               |     |  |            |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)  | Employer (See Instructions    | s)  |  |            |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_Bracamontes, Yvonne (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572     | )                             |     | Amount of Contribution (\$)                      | \$100.00   |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)  | Employer (See Instructions    | 5)  |  |            |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_ Caceres, Enrique (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504       |                               |     | Amount of Contribution (\$)                      | \$71.82    |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)  | Employer (See Instructions    | 5)  |  |            |
|   |                            |  |                               |     |  |            |

|   | MONET                           | ARY POLITICAL CO   | ONTRIBUTION                       | IS                         |           | SCHEDUI   | E A1       |
|---|---------------------------------|--|-----------------------------------|----------------------------|-----------|---|------------|
|   | The Instruc                     | ction Guide explains how t   | o complete this for               | n.                         | 1         | Total pages Schedule A1:<br>Sch: 10/76 Rpt: 13/85 |            |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                                   |                            | 3         | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date<br>05/17/2024              | <ul><li>5 Full name of contributor Cadena, Sandra (Ms.)</li><li>6 Contributor address; City; State</li></ul> | out-of-state PAC (ID#:e; Zip Code | )                          | 7         | Amount of Contribution (\$)                       | \$5.00     |
| 8 | Principal occur                 | McAllen, TX 78504 pation / Job title (See Instructions)  | la la                             | Employer (See Instructions | <u>:)</u> |   |            |
|   | Private Inves                   |  |                                   | Self-employed              | "         |   |            |
|   | Date<br>05/17/2024              | Full name of contributor Canales, Ricardo (Dr.)  Contributor address; City; State                            |                                   | )                          |           | Amount of Contribution (\$)                       | \$200.00   |
|   |                                 | McAllen, TX 78501  |                                   |                            | L         |   |            |
|   | Doctor                          | oation / Job title (See Instructions)  |                                   | Employer (See Instructions | 5)        |   |            |
|   | Date<br>05/17/2024              | Full name of contributor  Canals, Desi (Dr.)  Contributor address; City; State                               | out-of-state PAC (ID#:e; Zip Code | )                          |           | Amount of Contribution (\$)                       | \$25.00    |
|   |                                 | Mission, TX 78573  |                                   |                            |           |   |            |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)  |                                   | Employer (See Instructions | s)        |   |            |
|   | Date<br>05/17/2024              | Full name of contributor  Cantu, Alonzo (Mr.)  Contributor address; City; State  McAllen, TX 78504           |                                   | )                          |           | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu<br>private busin | pation / Job title (See Instructions) ess owner  |                                   | Employer (See Instructions | 5)        |   |            |
|   | Date<br>05/17/2024              | Full name of contributor  Cantu, David (Mr.)  Contributor address; City; State  McAllen, TX 78504            | out-of-state PAC (ID#:            |                            | •         | Amount of Contribution (\$)                       | \$30.00    |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor  |                                   | Employer (See Instructions | s)        |   |            |
|   |                                 |  | •                                 |                            |           |   |            |

|   | MONET                           | ARY POLITICAL CONTRIBUTION   | NS                         |                | SCHEDUI   | LE <b>A1</b> |
|---|---------------------------------|--|----------------------------|----------------|---|--------------|
|   | The Instruc                     | ction Guide explains how to complete this fo   | rm.                        | 1              | Total pages Schedule A1:<br>Sch: 11/76 Rpt: 14/85 |              |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                            | 3              | Filer ID (Ethics Commission 00055547              | on Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>  |                            | 7              | Amount of Contribution (\$)                       | \$200.00     |
| _ |                                 | Edinburg, TX 78539   |                            |                |   |              |
| 8 | Principal occu<br>Dr.           | pation / Job title (See Instructions)  | Employer (See Instructions | s)             |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Cantu, Melissa (Ms.)  Contributor address; City; State; Zip Code  Pharr, TX 78577        |                            |                | Amount of Contribution (\$)                       | \$100.00     |
|   |                                 | pation / Job title (See Instructions)  | Employer (See Instructions | <u>I</u><br>S) |   |              |
|   | private inves                   | tor  |                            |                |   |              |
|   | Date<br>05/17/2024              | Full name of contributor   | )                          | •              | Amount of Contribution (\$)                       | \$50.00      |
|   |                                 | McAllen, TX 78501  |                            |                |   |              |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | Employer (See Instructions | 5)             |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Cardenas, Carlos J. (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78501 |                            |                | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | Employer (See Instructions | 5)             |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Cardenas, Simon (Mr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504     | )                          |                | Amount of Contribution (\$)                       | \$5.00       |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor  | Employer (See Instructions | 5)             |   |              |
|   |                                 |  |                            |                |   |              |

|   | MONET                       | ARY POLITICAL CONTRIBUTI   | ONS                          |    | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|----|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this  | form.                        | 1  | Total pages Schedule A1:<br>Sch: 12/76 Rpt: 15/85 |             |
| 2 | FILER NAME<br>Border Healt  | h PAC  |                              | 3  | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024             | <ul> <li>Full name of contributor</li></ul>  |                              | 7  | Amount of Contribution (\$)                       | \$400.00    |
|   |                             | Mission, TX 78572  |                              |    |   |             |
| 8 | Principal occu<br>Dr        | pation / Job title (See Instructions)  | 9 Employer (See Instructions | s) |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID# Castaneda, Marissa (Ms.)  Contributor address; City; State; Zip Code                        |                              |    | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu              | Edinburg, TX 78539 pation / Job title (See Instructions)   | Employer (See Instructions   | 3) |   |             |
|   | private inves               |  |                              | -, |   |             |
|   | Date 05/17/2024             | Full name of contributor out-of-state PAC (ID# Castillo, James (Dr.)  Contributor address; City; State; Zip Code                           | :)                           | •  | Amount of Contribution (\$)                       | \$34.25     |
|   |                             | Harlingen, TX 78550  |                              |    |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID# Castillo, Melany (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504       | :)                           |    | Amount of Contribution (\$)                       | \$68.66     |
|   | Principal occu<br>physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID# Cavazos - Salas, Norma (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572 | :)                           |    | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>Dr.       | oation / Job title (See Instructions)  | Employer (See Instructions   | s) |   |             |
|   |                             |  | •                            |    |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO  | NS                           |          | SCHEDULE  | A1        |
|---|---------------------------------|--|------------------------------|----------|---|-----------|
|   | The Instruc                     | ction Guide explains how to complete this fo   | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 13/76 Rpt: 16/85 |           |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                              | 3        | Filer ID (Ethics Commission 00055547              | Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>  |                              | 7        | Amount of Contribution (\$) \$                    | 31,000.00 |
| 8 | Drincinal occur                 | McAllen, TX 78504 pation / Job title (See Instructions)  | Employer (See Instructions   |          |   |           |
| 0 | Doctor                          | Jation / Job title (See Instructions)  | e Employer (See instructions | ')       |   |           |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code   |                              |          | Amount of Contribution (\$)                       | \$25.00   |
|   | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u> |   |           |
|   | Physician                       | ,  | self-employed                |          |   |           |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Chen, Di (Dr.)  Contributor address; City; State; Zip Code                                 | )                            |          | Amount of Contribution (\$)                       | \$50.00   |
|   |                                 | Mission, TX 78572  |                              |          |   |           |
|   | Principal occu<br>Physician     | pation / Job title (See Instructions)  | Employer (See Instructions   | i)       |   |           |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Cherian, Ally (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78504         |                              |          | Amount of Contribution (\$)                       | \$20.00   |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   | Employer (See Instructions   | )        |   |           |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_ Cooper-Dockery, Dona (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | )                            |          | Amount of Contribution (\$)                       | \$125.00  |
|   | Principal occu<br>M.D           | pation / Job title (See Instructions)  | Employer (See Instructions   | ·)       |   |           |
|   |                                 | ·  |                              |          |   |           |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO  | NS                           |   | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|------------------------------|---|---|-------------|
|   | The Instruc                     | ction Guide explains how to complete this fo   | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 14/76 Rpt: 17/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                              | 3 | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>  | )                            | 7 | Amount of Contribution (\$)                       | \$20.00     |
|   |                                 | Edinburg, TX 78539   |                              |   |   |             |
| 8 | Principal occup<br>78542        | pation / Job title (See Instructions)  | 9 Employer (See Instructions | ) |   |             |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code   |                              |   | Amount of Contribution (\$)                       | \$17.25     |
|   | Principal occu                  | Brownsville, TX 78526 pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | private inves                   | tor  |                              |   |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Cortes, Oscar (Dr.)  Contributor address; City; State; Zip Code                        | )                            |   | Amount of Contribution (\$)                       | \$250.00    |
|   |                                 | McAllen, TX 78504  |                              |   |   |             |
|   | Principal occu<br>Dr.           | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_ Cortez, Eseban (Mr.)  Contributor address; City; State; Zip Code  Harlingen, TX 78552 |                              |   | Amount of Contribution (\$)                       | \$20.00     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_ Cortinas, Diana (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504  | )                            |   | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   |                                 |  |                              |   |   |             |

|   | MONETARY POLITICAL CONTRIBUTIONS |   |   |   | SCHEDUL   | E <b>A1</b> |
|---|----------------------------------|---|---|---|---|-------------|
|   | The Instru                       | ction Guide explains how to complete this f   | orm.  | 1 | Total pages Schedule A1:<br>Sch: 15/76 Rpt: 18/85 |             |
| 2 | FILER NAME<br>Border Healt       |   |   | 3 | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                  | <ul> <li>Full name of contributor</li></ul>   | )   | 7 | Amount of Contribution (\$)                       | \$150.00    |
| _ | Discipal                         | McAllen, TX 78504   | D. Faralana (Garalantina)                   |   |   |             |
| 8 | Doctor                           | pation / Job title (See Instructions)   | 9 Employer (See Instructions                | ) |   |             |
|   | Date<br>05/17/2024               | Full name of contributor  |   |   | Amount of Contribution (\$)                       | \$250.00    |
|   | Dringing occu                    | McAllen, TX 78504   | Employer (See Instructions                  |   |   |             |
|   | Dr.                              | pation / Job title (See Instructions)   | Employer (See Instructions                  | ) |   |             |
|   | Date<br>05/17/2024               | Full name of contributor out-of-state PAC (ID#:_ Cruz, Edgar (Dr.)  Contributor address; City; State; Zip Code                                      |   |   | Amount of Contribution (\$)                       | \$250.00    |
|   |                                  | McAllen, TX 78504   |   |   |   |             |
|   | Principal occu<br>Doctor         | pation / Job title (See Instructions)   | Employer (See Instructions                  | ) |   |             |
|   | Date<br>05/17/2024               | Full name of contributor out-of-state PAC (ID#:_ Daley, Hearther (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503               |   |   | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu<br>Dr.            | pation / Job title (See Instructions)   | Employer (See Instructions                  | ) |   |             |
|   | Date<br>05/17/2024               | Full name of contributor out-of-state PAC (ID#:_ De Gorondo Arzamendi, Antonio (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572 |   |   | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu<br>physician      | pation / Job title (See Instructions)   | Employer (See Instructions<br>Self-employed | ) |   |             |
|   |                                  |   |   |   |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUT   | TIONS                        |                | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|---|------------------------------|----------------|---|-------------|
|   | The Instru                      | ction Guide explains how to complete th   | is form.                     | 1              | Total pages Schedule A1:<br>Sch: 16/76 Rpt: 19/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC   |                              | 3              | Filer ID (Ethics Commissio 00055547               | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>   |                              | 7              | Amount of Contribution (\$)                       | \$5.00      |
| 8 | Principal occu                  | Mission, TX 78572 pation / Job title (See Instructions)   | 9 Employer (See Instructions | <br>s)         |   |             |
|   | private inves                   | tor   |                              |                |   |             |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code  | D#:)                         |                | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)   | Employer (See Instructions   | <u> </u><br>s) |   |             |
|   | private inves                   |   | Employer (Gee meadoants      | ٥,             |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (I Deanda, David (Mr.)  Contributor address; City; State; Zip Code                        | D#:)                         |                | Amount of Contribution (\$)                       | \$250.00    |
|   |                                 | Mission, TX 78574   |                              |                |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor  | Employer (See Instructions   | s)             |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (IDel Bosque, Oscar (Mr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 | D#:)                         |                | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor  | Employer (See Instructions   | s)             |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (I Desai, Parul (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504      | D#:)                         |                | Amount of Contribution (\$)                       | \$125.00    |
|   | Principal occu<br>Physician     | oation / Job title (See Instructions)   | Employer (See Instructions   | s)             |   |             |
|   |                                 |   | •                            |                |   |             |

|   | MONET                           | ARY POLITICAL CONT  | TRIBUTION          | S                          |   | SCHEDUI   | E A1       |
|---|---------------------------------|---|--------------------|----------------------------|---|---|------------|
|   | The Instru                      | ction Guide explains how to co                                    | mplete this form   | n.                         | 1 | Total pages Schedule A1:<br>Sch: 17/76 Rpt: 20/85 |            |
| 2 | FILER NAME<br>Border Healt      | h PAC   |                    |                            | 3 | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 05/17/2024                 | Divino, Haydee T. (Ms.)   | of-state PAC (ID#: |                            | 7 | Amount of Contribution (\$)                       | \$20.00    |
| 8 | Principal occu                  | Mission, TX 78572 pation / Job title (See Instructions)           | 9                  | Employer (See Instructions | ) |   |            |
| Ŭ | private inves                   |   | ľ                  | Employer (dee mandenons    | , |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-out-out-out-out-out-out-out-out-out- |                    |                            |   | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu                  | Mission, TX 78504 pation / Job title (See Instructions)           | 1                  | Employer (See Instructions | ) |   |            |
|   | Dr                              | sation / oob title (occ matricalons)                              |                    | Employer (See mondenons    | , |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-                                     | of-state PAC (ID#: |                            |   | Amount of Contribution (\$)                       | \$69.97    |
|   |                                 | McAllen, TX 78504   |                    |                            |   |   |            |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                      |                    | Employer (See Instructions | ) |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-                                     |                    | )                          |   | Amount of Contribution (\$)                       | \$20.00    |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                      |                    | Employer (See Instructions | ) |   |            |
|   | Date<br>05/17/2024              | Esparza, Antonio (Dr.)  |                    | )                          |   | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)                             |                    | Employer (See Instructions | ) |   |            |
|   |                                 |   | 1                  |                            |   |   |            |

|   | MONET                       | ARY POLITICAL CONTRIBUTION  | ONS                          |         | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|------------------------------|---------|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this f   | orm.                         | 1       | Total pages Schedule A1:<br>Sch: 18/76 Rpt: 21/85 |             |
| 2 | FILER NAME<br>Border Healt  | h PAC   |                              | 3       | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date<br>05/17/2024          | <ul> <li>Full name of contributor</li></ul>   | )                            | 7       | Amount of Contribution (\$)                       | \$5.00      |
| _ | Dringing age                | Edinburg, TX 78539  | 0 Employer (See Instructions | <u></u> |   |             |
| 8 | private inves               | pation / Job title (See Instructions) tor   | 9 Employer (See Instructions | 5)      |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:_ Espinoza, Manuel (Dr.)  Contributor address; City; State; Zip Code                       | )                            |         | Amount of Contribution (\$)                       | \$139.95    |
|   | Dringinal occu              | Harlingen, TX 78550 pation / Job title (See Instructions)   | Employer (See Instructions   | ·/-     |   |             |
|   | Doctor                      | oation / Job title (See instructions)   | Employer (See instructions   | )       |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:_ Estrellado, Johnny (Dr.)  Contributor address; City; State; Zip Code                     | )                            |         | Amount of Contribution (\$)                       | \$25.00     |
|   |                             | Edinburg, TX 78539  |                              |         |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)      |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:_ Estrellado, Johnny (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 | )                            |         | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)      |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:_Falcon, Antonio (Dr.)  Contributor address; City; State; Zip Code  Rio Grande, TX 78582   | )                            |         | Amount of Contribution (\$)                       | \$200.00    |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)   | Employer (See Instructions   | s)      |   |             |
|   |                             |   |                              |         |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUT  | IONS                         |          | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|------------------------------|----------|---|-------------|
|   | The Instru                      | ction Guide explains how to complete this  | s form.                      | 1        | Total pages Schedule A1:<br>Sch: 19/76 Rpt: 22/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                              | 3        | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date<br>05/17/2024              | <ul> <li>Full name of contributor  out-of-state PAC (ID Falcon, Maria Elena (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7        | Amount of Contribution (\$)                       | \$250.00    |
| _ | <u> </u>                        | McAllen, TX 78504  | 10 5 1 10 11 11              | <u> </u> |   |             |
| 8 | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | 9 Employer (See Instructions | S)       |   |             |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code   | #:)                          |          | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu                  | Mcallen, TX 78504 pation / Job title (See Instructions)  | Employer (See Instructions   | <br>s)   |   |             |
|   | private inves                   |  |                              |          |   |             |
|   | Date<br>05/17/2024              | Full name of contributor   | #:)                          |          | Amount of Contribution (\$)                       | \$25.00     |
|   |                                 | Edinburg, TX 78542   |                              |          |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor  | Employer (See Instructions   | s)       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID Forse, Armour (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503                 | #:)                          |          | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>physician     | pation / Job title (See Instructions)  | Employer (See Instructions   | s)       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID Francis, Mary (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78503                 | #:)                          |          | Amount of Contribution (\$)                       | \$87.46     |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | Employer (See Instructions   | s)       |   |             |
|   |                                 |  | •                            |          |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBU  | JTIONS                       | SCHEDULE A1   |
|---|---------------------------------|---|------------------------------|---|
|   | The Instru                      | ction Guide explains how to complete  | this form.                   | 1 Total pages Schedule A1:<br>Sch: 20/76 Rpt: 23/85 |
| 2 | FILER NAME<br>Border Healt      | h PAC   |                              | 3 Filer ID (Ethics Commission Filers) 00055547      |
| 4 | Date<br>05/17/2024              | <ul> <li>Full name of contributor  out-of-state PAr Galindo, Eugenio (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7 Amount of Contribution (\$) \$1,000.00            |
| 8 | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)   | 9 Employer (See Instructions | )   |
|   | Doctor                          |   | 2 Employer (eee meadeache    | ,   |
|   | Date<br>05/17/2024              | Full name of contributor  out-of-state PAG<br>Garcia, Carlos (Dr.)  Contributor address; City; State; Zip Code                            | C (ID#:)                     | Amount of Contribution (\$)<br>\$1,000.00           |
|   | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)   | Employer (See Instructions   | )   |
|   | Doctor                          | odition 7 300 title (See instituctions)   | Employer (See mandenons      | )   |
|   | Date<br>05/17/2024              | Full name of contributor  out-of-state PAG<br>Garcia, Cynthia (Dr.)  Contributor address; City; State; Zip Code                           | SC (ID#:)                    | Amount of Contribution (\$) \$200.00                |
|   |                                 | Harlingen, TX 78550   |                              |   |
|   | Principal occu<br>doctor        | pation / Job title (See Instructions)   | Employer (See Instructions   | )   |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAG Garcia, Elvin (Dr.)  Contributor address; City; State; Zip Code  Weslaco, TX 78596              | C (ID#:)                     | Amount of Contribution (\$) \$1,000.00              |
|   | Principal occu<br>Dr.           | oation / Job title (See Instructions)   | Employer (See Instructions   |   |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAG Garcia, Nancy (Ms.)  Contributor address; City; State; Zip Code  Mission, TX 78572              | C (ID#:)                     | Amount of Contribution (\$)<br>\$20.00              |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor  | Employer (See Instructions   | )   |
|   |                                 |   | •                            |   |

|   | MONET                           | ARY POLITICAL CONTRIBUTION  | DNS                          |                     | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|---|------------------------------|---------------------|---|-------------|
|   | The Instru                      | ction Guide explains how to complete this   | form.                        | 1                   | Total pages Schedule A1:<br>Sch: 21/76 Rpt: 24/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC   |                              | 3                   | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>5 Full name of contributor  out-of-state PAC (ID#: Garcia, Norma A. (Dr.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul> |                              | 7                   | Amount of Contribution (\$)                       | \$114.58    |
| _ | Deinsinal assu                  | McAllen, TX 78503   | Con lockwetic po             | $\overline{\Gamma}$ |   |             |
| 8 | Doctor                          | pation / Job title (See Instructions)   | 9 Employer (See Instructions | S)                  |   |             |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code  |                              |                     | Amount of Contribution (\$)                       | \$1,000.00  |
|   | Principal occu                  | Mission, TX 78572 pation / Job title (See Instructions)   | Employer (See Instructions   | <br>s)              |   |             |
|   | Doctor                          |   |                              |                     |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Garcia, Pamela (Ms.)  Contributor address; City; State; Zip Code                                    | )                            | •                   | Amount of Contribution (\$)                       | \$15.00     |
|   |                                 | Mission, TX 78572   |                              |                     |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor  | Employer (See Instructions   | 5)                  |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Garcia, Ricardo (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504                | )                            |                     | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)                  |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Garcia, Samuel (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504                 |                              |                     | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Dr.           | pation / Job title (See Instructions)   | Employer (See Instructions   | S)                  |   |             |
|   |                                 |   | ,                            |                     |   |             |

|   | MONET                           | ARY POLITICAL CONT   | RIBUTION           | S                          |  | SCHEDUI   | E A1       |
|---|---------------------------------|--|--------------------|----------------------------|--|---|------------|
|   | The Instruc                     | ction Guide explains how to cor  | mplete this forr   | n.                         | 1  | Total pages Schedule A1:<br>Sch: 22/76 Rpt: 25/85 |            |
| 2 | FILER NAME<br>Border Healt      | n PAC  |                    |                            | 3  | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 05/17/2024                 | Garcia Lopez, Javier (Mr.)   | of-state PAC (ID#: |                            | 7  | Amount of Contribution (\$)                       | \$15.00    |
| 8 | Principal occu                  | Mission, TX 78572 pation / Job title (See Instructions)  | 9                  | Employer (See Instructions | )  |   |            |
|   | private inves                   |  |                    |                            | ,  |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-o Garrigos, Socrates (Dr.)  Contributor address; City; State; Zip ( | f-state PAC (ID#:  |                            |  | Amount of Contribution (\$)                       | \$10.00    |
|   | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)  |                    | Employer (See Instructions | <u>)                                    </u> |   |            |
|   | Doctor                          | sation 7 oob title (occ monactions)  |                    | Employer (See mondenons    | ,  |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-o   | of-state PAC (ID#: | )                          |  | Amount of Contribution (\$)                       | \$6.65     |
|   |                                 | McAllen, TX 78504  |                    |                            |  |   |            |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   |                    | Employer (See Instructions | )  |   |            |
|   | Date<br>05/17/2024              | Garza, Gavino (Mr.)  |                    | )                          |  | Amount of Contribution (\$)                       | \$18.63    |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   |                    | Employer (See Instructions | )  |   |            |
|   | Date<br>05/17/2024              | Garza, Jaime (Dr.)   |                    | )                          |  | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)  |                    | Employer (See Instructions | )  |   |            |
|   |                                 |  | ,                  |                            |  |   |            |

|   | MONET                           | ARY POLITICAL CONTRIBUTI   |                              | SCHEDULE A1    |   |            |
|---|---------------------------------|--|------------------------------|----------------|---|------------|
|   | The Instruc                     | ction Guide explains how to complete this  | form.                        | 1              | Total pages Schedule A1:<br>Sch: 23/76 Rpt: 26/85 |            |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                              | 3              | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor  out-of-state PAC (ID# Garza, Jesus (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7              | Amount of Contribution (\$)                       | \$150.00   |
| _ |                                 | McAllen, TX 78501  | T                            |                |   |            |
| 8 | doctor                          | pation / Job title (See Instructions)  | 9 Employer (See Instructions | S)             |   |            |
|   | Date 05/17/2024                 | Full name of contributor out-of-state PAC (ID# Garza, Joaquin (Mr.)  Contributor address; City; State; Zip Code  Mission, TX 78572         |                              |                | Amount of Contribution (\$)                       | \$10.00    |
|   | Principal occu                  | pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u><br>S) |   |            |
|   | private inves                   | tor  |                              |                |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID# Garza, Jose Rene (Mr.)  Contributor address; City; State; Zip Code                          | ÷)                           |                | Amount of Contribution (\$)                       | \$1,000.00 |
|   |                                 | McAllen, TX 78504  |                              |                |   |            |
|   | Principal occu<br>private busin | pation / Job title (See Instructions) ess owner  | Employer (See Instructions   | s)             |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID# Garza, Kareena (Mrs.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539       | ÷)                           |                | Amount of Contribution (\$)                       | \$3.44     |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor   | Employer (See Instructions   | 5)             |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID# Garza, Martin (Dr.)  Contributor address; City; State; Zip Code  Linn, TX 78563             | :)                           |                | Amount of Contribution (\$)                       | \$50.00    |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)  | Employer (See Instructions   | 5)             |   |            |
|   |                                 |  | •                            |                |   |            |

|   | MONET                      | ARY POLITICAL CONTRIBUTION   | ONS                          |   | SCHEDUL   | E <b>A1</b> |
|---|----------------------------|--|------------------------------|---|---|-------------|
|   | The Instru                 | ction Guide explains how to complete this f  | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 24/76 Rpt: 27/85 |             |
| 2 | FILER NAME<br>Border Healt |  |                              | 3 | Filer ID (Ethics Commission 00055547              | on Filers)  |
| 4 | Date<br>05/17/2024         | <ul> <li>Full name of contributor</li></ul>  |                              | 7 | Amount of Contribution (\$)                       | \$5.00      |
| 8 | Principal occu             | McAllen, TX 78504 pation / Job title (See Instructions)  | 9 Employer (See Instructions | ) |   |             |
|   | private inves              |  |                              |   |   |             |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Gelman, Lawrence (Dr.)<br>Contributor address; City; State; Zip Code               |                              |   | Amount of Contribution (\$)                       | \$1,000.00  |
|   |                            | mcallen, TX 78503  |                              |   |   |             |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Giraldo, Alvaro (Dr.)<br>Contributor address; City; State; Zip Code                | )                            |   | Amount of Contribution (\$)                       | \$100.00    |
|   |                            | McAllen, TX 78504  |                              |   |   |             |
|   | Principal occu<br>Dr.      | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_ Gomez, Felipe (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503    | )                            |   | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_Gomez, Juan Pablo (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | )                            |   | Amount of Contribution (\$)                       | \$200.00    |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   |                            |  |                              |   |   |             |

|   | MONEI                      | ARY POLITICAL (   | CONTRIBUTION            | )NS                          |          | SCHEDULE  | <b>■ A1</b> |
|---|----------------------------|---|-------------------------|------------------------------|----------|---|-------------|
|   | The Instruc                | ction Guide explains how  | to complete this f      | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 25/76 Rpt: 28/85 |             |
| 2 | FILER NAME<br>Border Healt | h PAC   |                         |                              | 3        | Filer ID (Ethics Commission 00055547              | Filers)     |
| _ |                            |   |                         |                              | Ŀ        |   |             |
| 4 | Date<br>05/17/2024         | <ul><li>5 Full name of contributor</li><li>Gomez, Marco (Mr.)</li><li>6 Contributor address; City; St</li></ul> | out-of-state PAC (ID#:_ | )                            | ľ        | Amount of Contribution (\$)                       | \$50.00     |
|   |                            | Edinburg, TX 78539  |                         |                              |          |   |             |
| 8 | Principal occu             | pation / Job title (See Instructions  | )                       | 9 Employer (See Instructions | <u> </u> |   |             |
|   | private inves              | tor   |                         |                              |          |   |             |
| _ | Date                       | Full name of contributor  | out-of-state PAC (ID#:_ | \                            | Г        | Amount of Contribution (\$)                       |             |
|   | 05/17/2024                 | Gomez, Mario (Dr.)  | Out-of-state PAC (ID#   |                              |          | Amount of Continuation (4)                        | \$10.00     |
|   | 03/11/2024                 |   | ata: Zia Cada           |                              |          |   | Ψ10.00      |
|   |                            | Contributor address; City; St   | ate; zip Code           |                              |          |   |             |
|   |                            |   |                         |                              |          |   |             |
|   |                            | McAllen, TX 78504   |                         |                              |          |   |             |
|   | Principal occu             | pation / Job title (See Instructions  | )                       | Employer (See Instructions   | <u> </u> |   |             |
|   | Physician                  | `   | ,                       |                              | ,        |   |             |
|   | Date                       | Full name of contributor  | out-of-state PAC (ID#:_ | )                            | Г        | Amount of Contribution (\$)                       |             |
|   | 05/17/2024                 | Gomez, Victoria (Ms.)   | Unit-of-state i AC (ID# | J                            |          | randant of Contribution (¢)                       | \$19.66     |
|   | 00/11/101                  | Contributor address; City; St   | ate: 7in Code           |                              |          |   | 720.00      |
|   |                            | Contributor address, City, Ct   | atc, 21p codc           |                              |          |   |             |
|   |                            |   |                         |                              |          |   |             |
|   |                            | Donna, TX 78537   |                         |                              |          |   |             |
|   | Principal occu             | pation / Job title (See Instructions  | )                       | Employer (See Instructions   | 5)       |   |             |
|   | private inves              | tor   |                         |                              |          |   |             |
|   | Date                       | Full name of contributor  | out-of-state PAC (ID#:_ | )                            |          | Amount of Contribution (\$)                       |             |
|   | 05/17/2024                 | Gomez-Martinez, Marissa   | (Dr.)                   |                              |          |   | \$20.00     |
|   |                            | Contributor address; City; St   | ate; Zip Code           |                              | l        |   |             |
|   |                            | · •   |                         |                              |          |   |             |
|   |                            |   |                         |                              |          |   |             |
|   |                            | Edinburg, TX 78539  |                         |                              |          |   |             |
|   | Principal occu             | pation / Job title (See Instructions  | )                       | Employer (See Instructions   | 5)       |   |             |
|   | Doctor                     |   |                         |                              |          |   |             |
|   | Date                       | Full name of contributor  | out-of-state PAC (ID#:_ | )                            |          | Amount of Contribution (\$)                       |             |
|   | 05/17/2024                 | Gonzales, Elizabeth Ann (   | (Ms.)                   |                              |          |   | \$5.13      |
|   |                            | Contributor address; City; St   | ate; Zip Code           |                              |          |   |             |
|   |                            |   |                         |                              |          |   |             |
|   |                            |   |                         |                              |          |   |             |
|   |                            | Alamo, TX 78516   |                         |                              |          |   |             |
|   | Principal occu             | pation / Job title (See Instructions  | )                       | Employer (See Instructions   | 5)       |   |             |
|   | private inves              | tor   |                         |                              |          |   |             |
|   |                            |   |                         | •                            |          |   |             |
|   |                            |   |                         |                              |          |   |             |
|   |                            |   |                         |                              |          |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUT  | IONS                         |  | SCHEDUI   | E A1       |
|---|---------------------------------|--|------------------------------|--|---|------------|
|   | The Instru                      | ction Guide explains how to complete this  | s form.                      | 1  | Total pages Schedule A1:<br>Sch: 26/76 Rpt: 29/85 |            |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                              | 3  | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>  |                              | 7  | Amount of Contribution (\$)                       | \$15.00    |
|   |                                 | Alamo, TX 78516  |                              |  |   |            |
| 8 | Principal occu<br>private busin | oation / Job title (See Instructions) ess owner  | 9 Employer (See Instructions | s)   |   |            |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code   | #:)                          |  | Amount of Contribution (\$)                       | \$5.00     |
|   | Principal occu                  | Edinburg, TX 78542  pation / Job title (See Instructions)  | Employer (See Instructions   | <u>                                     </u> |   |            |
|   | private inves                   | tor  |                              |  |   |            |
|   | Date<br>05/17/2024              | Full name of contributor   | #:)                          |  | Amount of Contribution (\$)                       | \$50.00    |
|   |                                 | Pharr, TX 78577  |                              |  |   |            |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | Employer (See Instructions   | s)   |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID Gonzalez, Jaime A. (Mr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 | #:)                          |  | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu<br>private busin | oation / Job title (See Instructions)<br>ess owner   | Employer (See Instructions   | s)   |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID Gonzalez, Jesus (Mr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78542    | #:)                          |  | Amount of Contribution (\$)                       | \$25.00    |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor   | Employer (See Instructions   | s)   |   |            |
|   |                                 |  | •                            |  |   |            |

|   | MONETARY POLITICAL CONTRIBUTIONS |   |                              |                | SCHEDULE A1                                       |            |  |
|---|----------------------------------|---|------------------------------|----------------|---|------------|--|
|   | The Instruc                      | ction Guide explains how to complete this   | form.                        | 1              | Total pages Schedule A1:<br>Sch: 27/76 Rpt: 30/85 |            |  |
| 2 | FILER NAME<br>Border Healt       | n PAC   |                              | 3              | Filer ID (Ethics Commission 00055547              | on Filers) |  |
| 4 | Date 05/17/2024                  | <ul> <li>Full name of contributor</li></ul>   |                              | 7              | Amount of Contribution (\$)                       | \$25.00    |  |
| _ |                                  | McAllen, TX 78503   | 1                            | <u></u>        |   |            |  |
| 8 | Principal occur<br>Doctor        | pation / Job title (See Instructions)   | 9 Employer (See Instructions | S)             |   |            |  |
|   | Date<br>05/17/2024               | Contributor address; City; State; Zip Code  | :)                           |                | Amount of Contribution (\$)                       | \$10.00    |  |
|   | Principal occu                   | Brownsville, TX 78521 Dation / Job title (See Instructions)   | Employer (See Instructions   | <u> </u><br>5) |   |            |  |
|   | private inves                    | tor   |                              |                |   |            |  |
|   | Date<br>05/17/2024               | Full name of contributor out-of-state PAC (ID# Gordon, Verley (Dr.)  Contributor address; City; State; Zip Code                         | :)                           | •              | Amount of Contribution (\$)                       | \$117.06   |  |
|   |                                  | Mission, TX 78574   |                              |                |   |            |  |
|   | Principal occu<br>Doctor         | pation / Job title (See Instructions)   | Employer (See Instructions   | s)             |   |            |  |
|   | Date<br>05/17/2024               | Full name of contributor out-of-state PAC (ID# Griego, Enrique (Dr.)  Contributor address; City; State; Zip Code  Pharr, TX 78577       | :)                           |                | Amount of Contribution (\$)                       | \$1,000.00 |  |
|   | Principal occu<br>M.D.           | oation / Job title (See Instructions)   | Employer (See Instructions   | 5)             |   |            |  |
|   | Date<br>05/17/2024               | Full name of contributor out-of-state PAC (ID# Guadarrama, Delisa (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 | ·<br>:)                      |                | Amount of Contribution (\$)                       | \$68.50    |  |
|   | Principal occu<br>Doctor         | oation / Job title (See Instructions)   | Employer (See Instructions   | s)             |   |            |  |
|   |                                  |   | •                            |                |   |            |  |

|   | MONET                           | ARY POLITICAL CONTRIBUTI   |                              | SCHEDULE A1    |   |            |
|---|---------------------------------|--|------------------------------|----------------|---|------------|
|   | The Instruc                     | ction Guide explains how to complete this  | form.                        | 1              | Total pages Schedule A1:<br>Sch: 28/76 Rpt: 31/85 |            |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                              | 3              | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor  out-of-state PAC (ID# Guajardo, Maria Ruby (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7              | Amount of Contribution (\$)                       | \$50.00    |
|   |                                 | McAllen, TX 78503  |                              |                |   |            |
| 8 | Principal occu<br>doctor        | pation / Job title (See Instructions)  | 9 Employer (See Instructions | s)             |   |            |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code   |                              | •              | Amount of Contribution (\$)                       | \$250.00   |
|   | Principal occu<br>Doctor        | McAllen, TX 78504 pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u><br>s) |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID# Guerra, Daniel (Dr.)  Contributor address; City; State; Zip Code                                    | :)                           | •              | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu                  | McAllen, TX 78501  pation / Job title (See Instructions)   | Employer (See Instructions   | <u> </u><br>S) |   |            |
|   | Date 05/17/2024                 | Full name of contributor out-of-state PAC (ID# Guerra, Deborah (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78501                | <u> </u>                     | •              | Amount of Contribution (\$)                       | \$3.07     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)  | Employer (See Instructions   | <u>l</u><br>S) |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID# Guerra, Ernesto (Mr.)  Contributor address; City; State; Zip Code  McAllen, TX 78502                | <u></u>                      |                | Amount of Contribution (\$)                       | \$95.99    |
|   | Principal occu<br>private busin | oation / Job title (See Instructions)<br>ess owner   | Employer (See Instructions   | 5)             |   |            |
|   |                                 |  | •                            |                |   |            |

|   | MONET                      | ARY POLITICAL CONTRIBUTI  |  | SCHEDULE A1 |   |            |
|---|----------------------------|---|--|-------------|---|------------|
|   | The Instru                 | ction Guide explains how to complete this   | form.  | 1           | Total pages Schedule A1:<br>Sch: 29/76 Rpt: 32/85 |            |
| 2 | FILER NAME<br>Border Healt | h PAC   |  | 3           | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 05/17/2024            | <ul> <li>Full name of contributor</li></ul>   |  | 7           | Amount of Contribution (\$)                       | \$250.00   |
|   |                            | Edinburg, TX 78541  |  |             |   |            |
| 8 | Principal occu<br>Dr.      | pation / Job title (See Instructions)   | 9 Employer (See Instructions                 | s)          |   |            |
|   | Date<br>05/17/2024         | Contributor address; City; State; Zip Code  | <u>;                                    </u> |             | Amount of Contribution (\$)                       | \$25.00    |
|   | Principal occu             | Mission, TX 78572 pation / Job title (See Instructions)   | Employer (See Instructions                   | s)          |   |            |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID# Gutierres, Marco (Dr.)  Contributor address; City; State; Zip Code                       | <u>;                                    </u> |             | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu             | Edinburg, TX 78539 pation / Job title (See Instructions)  | Employer (See Instructions                   | <br>s)      |   |            |
|   | Doctor                     |   |  |             |   |            |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID# Gutierrez, Alberto (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 | <i>+</i> :)                                  |             | Amount of Contribution (\$)                       | \$250.00   |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)   | Employer (See Instructions                   | s)          |   |            |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID# Gutierrez, Miguel (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78501   | ±)   |             | Amount of Contribution (\$)                       | \$250.00   |
|   | Principal occu<br>Dr.      | oation / Job title (See Instructions)   | Employer (See Instructions                   | s)          |   |            |
|   |                            |   | •  |             |   |            |

|   | MONET                           | ARY POLITICAL CONTRIB  | BUTION     | IS                         |            | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|------------|----------------------------|------------|---|-------------|
|   | The Instruc                     | ction Guide explains how to complete   | e this for | m.                         | 1          | Total pages Schedule A1:<br>Sch: 30/76 Rpt: 33/85 |             |
| 2 | FILER NAME<br>Border Healt      | n PAC  |            |                            | 3          | Filer ID (Ethics Commission 00055547              | on Filers)  |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor  out-of-state F Guzman, Eduardo (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |            | )                          | 7          | Amount of Contribution (\$)                       | \$50.00     |
|   |                                 | Penitas, TX 78504  |            |                            |            |   |             |
| 8 | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | 9          | Employer (See Instructions | <b>;</b> ) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state F Haddad, Roberto (Mr.)  Contributor address; City; State; Zip Code  McAllen, TX 78501           |            | )                          |            | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu                  | pation / Job title (See Instructions)  |            | Employer (See Instructions | <u> </u>   |   |             |
|   | Private Inves                   | tor  |            |                            |            |   |             |
|   | Date<br>05/17/2024              | Full name of contributor   | PAC (ID#:  | )                          |            | Amount of Contribution (\$)                       | \$1,000.00  |
|   |                                 | McAllen, TX 78503  | 1          |                            |            |   |             |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  |            | Employer (See Instructions | 5)         |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state F Hance, Courtney (Ms.)  Contributor address; City; State; Zip Code  Harlingen, TX 78552         |            | )                          |            | Amount of Contribution (\$)                       | \$5.00      |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor   |            | Employer (See Instructions | )          |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state F Harris, Joseph (Mr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504            | PAC (ID#:  |                            |            | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor   |            | Employer (See Instructions | 5)         |   |             |
|   |                                 |  |            |                            |            |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO  | NS                           |    | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|------------------------------|----|---|-------------|
|   | The Instru                      | ction Guide explains how to complete this fo   | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 31/76 Rpt: 34/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                              | 3  | Filer ID (Ethics Commission 00055547              | on Filers)  |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>  |                              | 7  | Amount of Contribution (\$)                       | \$50.00     |
| _ |                                 | McAllen, TX 78501  |                              |    |   |             |
| 8 | principal occu                  |  | 9 Employer (See Instructions | 5) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_ Hensler, Blake (Mr.)  Contributor address; City; State; Zip Code                          |                              |    | Amount of Contribution (\$)                       | \$25.00     |
|   | Deinsinal                       | Edinburg, TX 78539   | Fanda and (Cara Instructions | _  |   |             |
|   | principal occu<br>private inves | pation / Job title (See Instructions) tor  | Employer (See Instructions   | 5) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Hensler, Monique (Ms.)  Contributor address; City; State; Zip Code                         |                              |    | Amount of Contribution (\$)                       | \$25.00     |
|   |                                 | Edinburg, TX 78539   |                              |    |   |             |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor   | Employer (See Instructions   | () |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_ Hernandez, Ambrosio (Dr.)  Contributor address; City; State; Zip Code  San Juan, TX 78589 |                              |    | Amount of Contribution (\$)                       | \$1,000.00  |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_ Hernandez, Cristela (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 | )                            |    | Amount of Contribution (\$)                       | \$200.00    |
|   | Principal occu<br>physician     | pation / Job title (See Instructions)  | Employer (See Instructions   | () |   |             |
|   |                                 |  |                              |    |   |             |

|   | MONET                           | MONETARY POLITICAL CONTRIBUTIONS  |                                       |                            |        | SCHEDULE A1                                       |            |  |  |
|---|---------------------------------|---|---------------------------------------|----------------------------|--------|---|------------|--|--|
|   | The Instruc                     | ction Guide explains how to   | o complete this for                   | m.                         | 1      | Total pages Schedule A1:<br>Sch: 32/76 Rpt: 35/85 |            |  |  |
| 2 | FILER NAME<br>Border Healt      | h PAC   |                                       |                            | 3      | Filer ID (Ethics Commission 00055547              | on Filers) |  |  |
| 4 | Date 05/17/2024                 | <ul><li>5 Full name of contributor Hernandez, Daniel (Mr.)</li><li>6 Contributor address; City; State</li></ul> | out-of-state PAC (ID#:<br>e; Zip Code |                            | 7      | Amount of Contribution (\$)                       | \$25.00    |  |  |
| 8 | Principal occu                  | Brownsville, TX 78520 pation / Job title (See Instructions)   | 9                                     | Employer (See Instructions | i)     |   |            |  |  |
| • | private inves                   |   |                                       |                            | ,      |   |            |  |  |
|   | Date<br>05/17/2024              | Full name of contributor  Hernandez, Lisa (Ms.)  Contributor address; City; State                               |                                       | )                          |        | Amount of Contribution (\$)                       | \$20.00    |  |  |
|   | Principal occu                  | Edinburg, TX 78539 pation / Job title (See Instructions)  |                                       | Employer (See Instructions | ·/<br> |   |            |  |  |
|   | private inves                   |   |                                       | Employer (See instructions | )      |   |            |  |  |
|   | Date 05/17/2024                 | Full name of contributor  Hernandez, Max (Dr.)  Contributor address; City; State                                | out-of-state PAC (ID#:<br>e; Zip Code | )                          |        | Amount of Contribution (\$)                       | \$1,000.00 |  |  |
|   |                                 | McAllen, TX 78504   |                                       |                            |        |   |            |  |  |
|   | Principal occu<br>Dr.           | pation / Job title (See Instructions)   |                                       | Employer (See Instructions | 5)     |   |            |  |  |
|   | Date<br>05/17/2024              | Full name of contributor Hinojosa, Rene (Mr.)  Contributor address; City; State  Weslaco, TX 78596              |                                       |                            |        | Amount of Contribution (\$)                       | \$10.00    |  |  |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor  |                                       | Employer (See Instructions | 5)     |   |            |  |  |
|   | Date<br>05/17/2024              | Full name of contributor  Hoffman, Maria Ester (Dr.)  Contributor address; City; State  McAllen, TX 78504       | out-of-state PAC (ID#:                | )                          |        | Amount of Contribution (\$)                       | \$250.00   |  |  |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   |                                       | Employer (See Instructions | 5)     |   |            |  |  |
|   |                                 |   | 1                                     |                            |        |   |            |  |  |

|   | MONETARY POLITICAL CONTRIBUTIONS |   |                                |          | SCHEDULE A1                                       |            |  |
|---|----------------------------------|---|--------------------------------|----------|---|------------|--|
|   | The Instru                       | ction Guide explains how to complete this f   | orm.                           | 1        | Total pages Schedule A1:<br>Sch: 33/76 Rpt: 36/85 |            |  |
| 2 | FILER NAME<br>Border Healt       | h PAC   |                                | 3        | Filer ID (Ethics Commission 00055547              | on Filers) |  |
| 4 | Date 05/17/2024                  | <ul> <li>Full name of contributor</li></ul>   | _                              | 7        | Amount of Contribution (\$)                       | \$100.00   |  |
| _ | Deinsinal                        | McAllen, TX 78504   | le Faralance (One le describer | Ĺ        |   |            |  |
| 8 | Principal occu<br>Dr.            | pation / Job title (See Instructions)   | 9 Employer (See Instructions   | ;)       |   |            |  |
|   | Date<br>05/17/2024               | Full name of contributor out-of-state PAC (ID#:_Honrubia, Vincent (Dr.)  Contributor address; City; State; Zip Code                       |                                |          | Amount of Contribution (\$)                       | \$1,000.00 |  |
|   | Principal occu                   | McAllen, TX 78503 pation / Job title (See Instructions)   | Employer (See Instructions     | <u>)</u> |   |            |  |
|   | Dr.                              | oddon 7 oob dde (oee maddelona)   | Employer (See morradions       | ')       |   |            |  |
|   | Date<br>05/17/2024               | Full name of contributor out-of-state PAC (ID#:_ Iglesias, Norma (Dr.)  Contributor address; City; State; Zip Code                        |                                |          | Amount of Contribution (\$)                       | \$1,000.00 |  |
|   |                                  | McAllen, TX 78504   |                                |          |   |            |  |
|   | Principal occu<br>Doctor         | pation / Job title (See Instructions)   | Employer (See Instructions     | 5)       |   |            |  |
|   | Date<br>05/17/2024               | Full name of contributor out-of-state PAC (ID#:_ Igoa, Jose (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503          | )                              |          | Amount of Contribution (\$)                       | \$1,000.00 |  |
|   | Principal occu<br>Doctor         | pation / Job title (See Instructions)   | Employer (See Instructions     | 5)       |   |            |  |
|   | Date<br>05/17/2024               | Full name of contributor out-of-state PAC (ID#:_ Irigoyen, Fructuoso (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78501 | )                              |          | Amount of Contribution (\$)                       | \$200.00   |  |
|   | Principal occu<br>Doctor         | pation / Job title (See Instructions)   | Employer (See Instructions     | )        |   |            |  |
|   |                                  |   | ,                              |          |   |            |  |

|   | MONET                           | ARY POLITICAL CONTRIBUTION  | ONS                          |          | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|---|------------------------------|----------|---|-------------|
|   | The Instruc                     | ction Guide explains how to complete this f   | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 34/76 Rpt: 37/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC   |                              | 3        | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date<br>05/17/2024              | <ul> <li>Full name of contributor</li></ul>   |                              | 7        | Amount of Contribution (\$)                       | \$165.60    |
| 8 | Dringinal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)   | 9 Employer (See Instructions | _        |   |             |
| 0 | Doctor                          | oauon / Job uue (See msuucuons)   | Employer (See instructions   | ')       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_<br>Jimenez-Flores, Danielle (Dr.)<br>Contributor address; City; State; Zip Code        |                              |          | Amount of Contribution (\$)                       | \$200.00    |
|   | Principal occu                  | Mission, TX 78572 pation / Job title (See Instructions)   | Employer (See Instructions   |          |   |             |
|   | Doctor                          | sation, sob title (see instructions)  | Employer (See manucuona      | ')       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_ Joule, Donna-Gail (Dr.)  Contributor address; City; State; Zip Code                    | )                            |          | Amount of Contribution (\$)                       | \$25.00     |
|   |                                 | McAllen, TX 78501   |                              |          |   |             |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   | Employer (See Instructions   | ()       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_ Kalaf, Nelson (Dr.)  Contributor address; City; State; Zip Code  Mcallen, TX 78504     | )                            |          | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Kalantari, Saeed (Mr.)  Contributor address; City; State; Zip Code  Harlingen, TX 78552 |                              |          | Amount of Contribution (\$)                       | \$17.25     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor  | Employer (See Instructions   | <u> </u> |   |             |
|   |                                 |   | l                            |          |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   | NS                         |        | SCHEDUL   | E A1       |
|---|-----------------------------|--|----------------------------|--------|---|------------|
|   | The Instruc                 | ction Guide explains how to complete this fo   | rm.                        | 1      | Total pages Schedule A1:<br>Sch: 35/76 Rpt: 38/85 |            |
| 2 | FILER NAME<br>Border Healt  | h PAC  |                            | 3      | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 05/17/2024             | <ul> <li>Full name of contributor</li></ul>  |                            | 7      | Amount of Contribution (\$)                       | \$250.00   |
| _ |                             | Rio Grande, TX 78582   |                            | _      |   |            |
| 8 | Principal occu<br>Doctor    | pation / Job title (See Instructions)  | Employer (See Instructions | 5)     |   |            |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#: Khademi, Kambiz (Mr.)  Contributor address; City; State; Zip Code                        |                            |        | Amount of Contribution (\$)                       | \$40.00    |
|   | Principal occu              | McAllen, TX 78502 pation / Job title (See Instructions)  | Employer (See Instructions | -,<br> |   |            |
|   | private inves               |  | Employer (See mandenons    | ')     |   |            |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#: Khan, Muhammad (Dr.)  Contributor address; City; State; Zip Code                         | )                          |        | Amount of Contribution (\$)                       | \$20.00    |
|   |                             | Mission, TX 78572  |                            |        |   |            |
|   | Principal occu<br>physician | pation / Job title (See Instructions)  | Employer (See Instructions | 5)     |   |            |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#: Kiani, Gholam (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504       | )                          |        | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)  | Employer (See Instructions | s)     |   |            |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#: Kotaki, Mohammad H. (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503 |                            |        | Amount of Contribution (\$)                       | \$250.00   |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)  | Employer (See Instructions | 5)     |   |            |
|   |                             |  |                            |        |   |            |

|   | MONET                           | ARY POLITICAL CONTRIBUTION   | ONS                          |     | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|------------------------------|-----|---|-------------|
|   | The Instruc                     | ction Guide explains how to complete this f  | orm.                         | 1   | Total pages Schedule A1:<br>Sch: 36/76 Rpt: 39/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                              | 3   | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date<br>05/17/2024              | <ul> <li>Full name of contributor</li></ul>  | _                            | 7   | Amount of Contribution (\$)                       | \$250.00    |
| 8 | Principal occu                  | Weslaco, TX 78596 pation / Job title (See Instructions)  | 9 Employer (See Instructions | ·/- |   |             |
| 0 | Doctor                          | oduon 7 300 title (See mstructions)  | Employer (See manucuona      | ,   |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_<br>Lares, Irene (Ms.)<br>Contributor address; City; State; Zip Code               | )                            |     | Amount of Contribution (\$)                       | \$10.00     |
|   | Dringing aggr                   | Edinburg, TX 78539   | Employer (See Instructions   | ·/- |   |             |
|   | private inves                   | pation / Job title (See Instructions)<br>tor   | Employer (See Instructions   | )   |   |             |
|   | Date 05/17/2024                 | Full name of contributor out-of-state PAC (ID#:_Lazaro, Fernando (Mr.)  Contributor address; City; State; Zip Code                 | )                            |     | Amount of Contribution (\$)                       | \$250.00    |
|   |                                 | McAllen, TX 78503  |                              |     |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   | Employer (See Instructions   | 5)  |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Leal, Ramiro (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504  | )                            |     | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)  |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Ledesma, Raul (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 |                              |     | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)  |   |             |
|   |                                 |  |                              |     |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTI  | ONS  |                | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|---|--|----------------|---|-------------|
|   | The Instru                      | ction Guide explains how to complete this   | form.  | 1              | Total pages Schedule A1:<br>Sch: 37/76 Rpt: 40/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC   |  | 3              | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>   |  | 7              | Amount of Contribution (\$)                       | \$200.00    |
| _ | Dein sin al acces               | McAllen, TX 78503   | Surface (Octobritism                         | <u> </u>       |   |             |
| 8 | Doctor                          | oation / Job title (See Instructions)   | 9 Employer (See Instructions                 | 5)             |   |             |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code  | #:)  |                | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu                  | Mercedes, TX 78570 pation / Job title (See Instructions)  | Employer (See Instructions                   | <u> </u><br>s) |   |             |
|   | private inves                   |   | ,projet (eee meadeache                       | -,             |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID# Levine, Lyuba (Dr.)  Contributor address; City; State; Zip Code                  | <i>t</i> :)                                  | •              | Amount of Contribution (\$)                       | \$86.04     |
|   |                                 | McAllen, TX 78504   |  |                |   |             |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor  | Employer (See Instructions                   | 5)             |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID# Limas, Flor (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | <u>;                                    </u> |                | Amount of Contribution (\$)                       | \$41.88     |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   | Employer (See Instructions                   | <u>1</u><br>S) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#Lin, Rick (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504    | <u>;                                    </u> |                | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   | Employer (See Instructions                   | s)             |   |             |
|   |                                 |   | •  |                |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO   | ONS                          |        | SCHEDULE A1                                       |   |
|---|---------------------------------|---|------------------------------|--------|---|---|
|   | The Instruc                     | ction Guide explains how to complete this fo  | orm.                         | 1      | Total pages Schedule A1:<br>Sch: 38/76 Rpt: 41/85 | = |
| 2 | FILER NAME<br>Border Healt      | n PAC   |                              | 3      | Filer ID (Ethics Commission Filers) 00055547      |   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>   |                              | 7      | Amount of Contribution (\$) \$25.00               | ) |
| 8 | Principal occu                  | Mission, TX 78572 pation / Job title (See Instructions)   | 9 Employer (See Instructions | <br>s) |   | _ |
|   | Doctor                          | , ,   | . , ,                        |        |   | _ |
|   | Date<br>05/17/2024              | Full name of contributor  | )                            |        | Amount of Contribution (\$) \$1,000.00            | _ |
|   | Dringinal occu                  | Manchaca, TX 78652 pation / Job title (See Instructions)  | Employer (See Instructions   | ·)     |   | _ |
|   | private inves                   |   | Employer (See Instructions   | ·)     |   |   |
|   | Date 05/17/2024                 | Full name of contributor out-of-state PAC (ID#:_Lizcano, Mario (Mr.)  Contributor address; City; State; Zip Code                      | )                            |        | Amount of Contribution (\$) \$5.00                | = |
|   |                                 | McAllen, TX 78501   |                              |        |   |   |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor  | Employer (See Instructions   | 5)     |   |   |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Loggiodice, Nelson (Mr.)  Contributor address; City; State; Zip Code  Pharr, TX 78577 | )                            | •      | Amount of Contribution (\$) \$30.00               | ) |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)   | Employer (See Instructions   | 5)     |   | _ |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Loja, Wilmer (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503     |                              |        | Amount of Contribution (\$) \$100.00              | = |
|   | Principal occu<br>Dr.           | oation / Job title (See Instructions)   | Employer (See Instructions   | 5)     |   | _ |
|   |                                 |   |                              |        |   | _ |

|   | MONET                           | ARY POLITICAL CONTRIBUTION   | ONS                          |    | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|------------------------------|----|---|-------------|
|   | The Instruc                     | ction Guide explains how to complete this fo   | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 39/76 Rpt: 42/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                              | 3  | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>  |                              | 7  | Amount of Contribution (\$)                       | \$44.20     |
| _ |                                 | Palmhurst, TX 78573  |                              |    |   |             |
| 8 | Principal occu<br>doctor        | pation / Job title (See Instructions)  | 9 Employer (See Instructions | 5) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Lopez, Pamela (Ms.)  Contributor address; City; State; Zip Code  Pharr, TX 78577     |                              |    | Amount of Contribution (\$)                       | \$25.00     |
|   |                                 | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   | private inves                   | tor  |                              |    |   |             |
|   | Date<br>05/17/2024              | Full name of contributor   |                              |    | Amount of Contribution (\$)                       | \$100.00    |
|   |                                 | McAllen, TX 78504  |                              |    |   |             |
|   | Principal occu<br>Dr            | pation / Job title (See Instructions)  | Employer (See Instructions   | )  |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Lozano, Rodolfo (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78574 | )                            |    | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Dr.           | pation / Job title (See Instructions)  | Employer (See Instructions   | () |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Lozano, Sergio (Mr.)  Contributor address; City; State; Zip Code  Weslaco, TX 78596  |                              |    | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   | Employer (See Instructions   | () |   |             |
|   |                                 |  |                              |    |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO   | NS                         |          | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|----------------------------|----------|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this fo  | rm.                        | 1        | Total pages Schedule A1:<br>Sch: 40/76 Rpt: 43/85 |             |
| 2 | FILER NAME<br>Border Healt  | h PAC   |                            | 3        | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024             | <ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>   |                            | 7        | Amount of Contribution (\$)                       | \$8.62      |
| 8 | Principal occu              | Edinburg, TX 78541 pation / Job title (See Instructions)  | Employer (See Instructions | :)       |   |             |
|   | private inves               |   |                            | ,        |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:<br>Malcolm , Javier Barney (Dr.)<br>Contributor address; City; State; Zip Code            | )                          |          | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu              | pation / Job title (See Instructions)   | Employer (See Instructions | <u> </u> |   |             |
|   | private inves               | tor   |                            |          |   |             |
|   | Date<br>05/17/2024          | Full name of contributor  ut-of-state PAC (ID#: Mangi, Salil (Dr.)  Contributor address; City; State; Zip Code                            | )                          |          | Amount of Contribution (\$)                       | \$1,000.00  |
|   | Dringing con                | McAllen, TX 78504   | Employer (Coo Instructions | <u></u>  |   |             |
|   | Dr.                         | pation / Job title (See Instructions)   | Employer (See Instructions | •)       |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#: Mangoo-Karim, Robert (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503 | )                          |          | Amount of Contribution (\$)                       | \$125.00    |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)   | Employer (See Instructions | )        |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:   |                            |          | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions | ()       |   |             |
|   |                             | <u>'</u>  |                            |          |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTION  | ONS                          |         | SCHEDULE A  | 1      |
|---|---------------------------------|---|------------------------------|---------|---|--------|
|   | The Instru                      | ction Guide explains how to complete this f   | orm.                         | 1       | Total pages Schedule A1:<br>Sch: 41/76 Rpt: 44/85 |        |
| 2 | FILER NAME<br>Border Healt      | h PAC   |                              | 3       | Filer ID (Ethics Commission Filer 00055547        | s)     |
| 4 | Date<br>05/17/2024              | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Manon, Jacinto (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7       | Amount of Contribution (\$) \$10                  | 00.00  |
| 8 | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)   | 9 Employer (See Instructions | ·/_     |   |        |
| 0 | doctor                          | oduon / Job title (See Instructions)  | 5 Employer (See Instructions | )       |   |        |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Manrique, Carlos (Dr.)  Contributor address; City; State; Zip Code                            | )                            |         | Amount of Contribution (\$) \$1,00                | 00.00  |
|   | Dringing aggr                   | Edinburg, TX 78539  | Employer (See Instructions   | <u></u> |   |        |
|   | Doctor                          | pation / Job title (See Instructions)   | Employer (See Instructions   | ·)      |   |        |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Marichalar, Luis (Mr.)  Contributor address; City; State; Zip Code                            | )                            |         | Amount of Contribution (\$) \$5                   | 50.00  |
|   |                                 | McAllen, TX 78504   |                              |         |   |        |
|   | Principal occu<br>Private Inves | pation / Job title (See Instructions)<br>stor   | Employer (See Instructions   | 5)      |   |        |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Marina, Jose Mario (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78573       | )                            |         | Amount of Contribution (\$) \$10                  | 00.00  |
|   | Principal occu<br>physician     | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)      |   |        |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Marquez, Luis A. (Mr.)  Contributor address; City; State; Zip Code  Harlingen, TX 78552       |                              |         | Amount of Contribution (\$)                       | \$5.00 |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor  | Employer (See Instructions   | 5)      |   |        |
|   |                                 |   |                              |         |   |        |

|   | MONET                           | ARY POLITICAL CONTRIBUTION  | ONS  |   | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|---|--|---|---|-------------|
|   | The Instru                      | ction Guide explains how to complete this f   | orm.                                       | 1 | Total pages Schedule A1:<br>Sch: 42/76 Rpt: 45/85 |             |
| 2 | FILER NAME<br>Border Heal       |   |  | 3 | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | Full name of contributor  | )  | 7 | Amount of Contribution (\$)                       | \$250.00    |
| _ |                                 | Edinburg, TX 78539  | I  |   |   |             |
| 8 | Principal occu<br>Doctor        | ipation / Job title (See Instructions)  | 9 Employer (See Instructions Self-employed | ) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_ Mata, Nelson (Dr.)  Contributor address; City; State; Zip Code                       |  |   | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu                  | McAllen, TX 78501 upation / Job title (See Instructions)  | Employer (See Instructions                 |   |   |             |
|   | Dr.                             | pation 7 ood tale (See motidations)   | Employer (See instructions                 | , |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_ Mathavan, Rajeen (Dr.)  Contributor address; City; State; Zip Code                   |  |   | Amount of Contribution (\$)                       | \$30.68     |
|   |                                 | McAllen, TX 78504   |  |   |   |             |
|   | Principal occu<br>Physician     | pation / Job title (See Instructions)   | Employer (See Instructions                 | ) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_McCoy, Joseph (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539   |  |   | Amount of Contribution (\$)                       | \$5.00      |
|   | Principal occudoctor            | pation / Job title (See Instructions)   | Employer (See Instructions                 | ) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_McNutt, Kimberly (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 |  |   | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu<br>private inves | upation / Job title (See Instructions)  | Employer (See Instructions                 | ) |   |             |
|   |                                 |   |  |   |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTION  | DNS                          |         | SCHEDULI  | E <b>A1</b> |
|---|---------------------------------|---|------------------------------|---------|---|-------------|
|   | The Instru                      | ction Guide explains how to complete this t   | orm.                         | 1       | Total pages Schedule A1:<br>Sch: 43/76 Rpt: 46/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC   |                              | 3       | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>   | _                            | 7       | Amount of Contribution (\$)                       | \$1,000.00  |
| _ | Deinsinal assu                  | McAllen, TX 78501   | Con Instructions             | <u></u> |   |             |
| 8 | Doctor                          | pation / Job title (See Instructions)   | 9 Employer (See Instructions | 5)      |   |             |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code  |                              | •       | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu                  | Mission, TX 78574 pation / Job title (See Instructions)   | Employer (See Instructions   | <br>s)  |   |             |
|   | M.D.                            |   |                              |         |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Medina, Lorena (Ms.)  Contributor address; City; State; Zip Code                            | )                            | •       | Amount of Contribution (\$)                       | \$5.00      |
|   |                                 | Edinburg, TX 78539  |                              |         |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor  | Employer (See Instructions   | 5)      |   |             |
|   | Date<br>05/17/2024              | Full name of contributor  out-of-state PAC (ID#:_Medina, Martha Carmen (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | )                            | •       | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor  | Employer (See Instructions   | 5)      |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Medina, Melecio (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78501        |                              | •       | Amount of Contribution (\$)                       | \$40.00     |
|   | Principal occu<br>physician     | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)      |   |             |
|   |                                 |   | •                            |         |   |             |

|   | MONET                           | ARY POLITICAL CONTR  | RIBUTION              | IS                          |                | SCHEDUL   | E A1       |
|---|---------------------------------|--|-----------------------|-----------------------------|----------------|---|------------|
|   | The Instruc                     | ction Guide explains how to com  | plete this for        | m.                          | 1              | Total pages Schedule A1:<br>Sch: 44/76 Rpt: 47/85 |            |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                       |                             | 3              | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date<br>05/17/2024              | Medina Jr., Ricardo (Mr.)  | state PAC (ID#:       |                             | 7              | Amount of Contribution (\$)                       | \$5.00     |
| _ | Dringing age                    | Edinburg, TX 78539   | lo.                   | Employer (Co.) Instructions | <u></u>        |   |            |
| 8 | private inves                   | pation / Job title (See Instructions)<br>tor   | 9                     | Employer (See Instructions  | 5)             |   |            |
|   | Date<br>05/17/2024              | Mego, Carlos (Dr.)  Contributor address; City; State; Zip Co                                       |                       | )                           |                | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu                  | McAllen, TX 78501 pation / Job title (See Instructions)  |                       | Employer (See Instructions  | <u> </u><br>;) |   |            |
|   | Doctor                          | ,  |                       | . , ,                       |                |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-of-s Mejia, Juana (Ms.)  Contributor address; City; State; Zip Co     | state PAC (ID#:<br>de |                             |                | Amount of Contribution (\$)                       | \$10.00    |
|   |                                 | Donna, TX 78557  |                       |                             | <u> </u>       |   |            |
|   | principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   |                       | Employer (See Instructions  | 5)             |   |            |
|   | Date<br>05/17/2024              | Mendez, Oscar (Dr.)  |                       |                             |                | Amount of Contribution (\$)                       | \$165.60   |
|   | Principal occu<br>physician     | oation / Job title (See Instructions)  |                       | Employer (See Instructions  | 5)             |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-of-s Mendez, Salvador (Dr.)  Contributor address; City; State; Zip Co | state PAC (ID#:       | )                           |                | Amount of Contribution (\$)                       | \$250.00   |
|   | Principal occu<br>Dr.           | oation / Job title (See Instructions)  |                       | Employer (See Instructions  | 5)             |   |            |
|   |                                 |  | '                     |                             |                |   |            |

|   | MONET                           | ARY POLITICAL CONTRIBU   | UTION    | IS                            |          | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|----------|-------------------------------|----------|---|-------------|
|   | The Instru                      | ction Guide explains how to complete   | this for | m.                            | 1        | Total pages Schedule A1:<br>Sch: 45/76 Rpt: 48/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |          |                               | 3        | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>  |          | )                             | 7        | Amount of Contribution (\$)                       | \$250.00    |
| _ | Deinsinal assu                  | McAllen, TX 78504  | - 10     | Franks var (Cas kastrustis va | _        |   |             |
| 8 | Dr.                             | pation / Job title (See Instructions)  | 9        | Employer (See Instructions    | 5)       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PA Meyer, Scott (Mr.)  Contributor address; City; State; Zip Code  Mission, TX 78572         |          | )                             |          | Amount of Contribution (\$)                       | \$35.00     |
|   | Principal occu                  | pation / Job title (See Instructions)  |          | Employer (See Instructions    | <u> </u> |   |             |
|   | private inves                   | tor  |          |                               |          |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PA Milano, Emil (Dr.)  Contributor address; City; State; Zip Code                            | AC (ID#: |                               | •        | Amount of Contribution (\$)                       | \$100.00    |
|   |                                 | McAllen, TX 78504  |          |                               |          |   |             |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  |          | Employer (See Instructions    | 5)       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PA Milov, Simon (Dr.)  Contributor address; City; State; Zip Code  Harlingen, TX 78552       |          | )                             | •        | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu<br>physician     | pation / Job title (See Instructions)  |          | Employer (See Instructions    | 5)       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PA Mirmohammadi, Rowena (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | AC (ID#: | )                             |          | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   |          | Employer (See Instructions    | 5)       |   |             |
|   |                                 |  | <u> </u> |                               |          |   |             |

|   | MONET                      | ARY POLITICAL CONTRIBUTION  | ONS                          |     | SCHEDUI   | LE <b>A1</b> |
|---|----------------------------|---|------------------------------|-----|---|--------------|
|   | The Instru                 | ction Guide explains how to complete this f   | orm.                         | 1   | Total pages Schedule A1:<br>Sch: 46/76 Rpt: 49/85 |              |
| 2 | FILER NAME<br>Border Healt | h PAC   |                              | 3   | Filer ID (Ethics Commission 00055547              | on Filers)   |
| 4 | Date<br>05/17/2024         | <ul> <li>Full name of contributor</li></ul>   |                              | 7   | Amount of Contribution (\$)                       | \$3.72       |
| 8 | Principal occu             | McAllen, TX 78502 pation / Job title (See Instructions)   | 9 Employer (See Instructions | ·/  |   |              |
| 0 | Doctor                     | oduon 7 300 title (See mstructions)   | Employer (See manucuona      | ,   |   |              |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Mohamed, Carlos N. (Dr.)<br>Contributor address; City; State; Zip Code            |                              |     | Amount of Contribution (\$)                       | \$100.00     |
|   | Principal occu             | Edinburg, TX 78539 pation / Job title (See Instructions)  | Employer (See Instructions   | ·/_ |   |              |
|   | Doctor                     | oation / Job title (See Instructions)   | Employer (See mstructions    | )   |   |              |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_Mohamed, Samira (Dr.)  Contributor address; City; State; Zip Code                     | )                            |     | Amount of Contribution (\$)                       | \$50.00      |
|   |                            | McAllen, TX 78504   |                              |     |   |              |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)  |   |              |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_Mohme, Ruben (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504     | )                            |     | Amount of Contribution (\$)                       | \$250.00     |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)  |   |              |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_Moncada, Armando (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503 |                              |     | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)  |   |              |
|   |                            |   |                              |     |   |              |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO   | NS                             |         | SCHEDUI   | LE <b>A1</b> |
|---|---------------------------------|---|--------------------------------|---------|---|--------------|
|   | The Instruc                     | ction Guide explains how to complete this fo  | rm.                            | 1       | Total pages Schedule A1:<br>Sch: 47/76 Rpt: 50/85 |              |
| 2 | FILER NAME<br>Border Healt      | h PAC   |                                | 3       | Filer ID (Ethics Commission 00055547              | on Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>   | )                              | 7       | Amount of Contribution (\$)                       | \$200.00     |
| _ | Deinsinal assu                  | McAllen, TX 78503   | 2. Evanlavar (Caa laatuvatiana | <u></u> |   |              |
| 8 | Doctor                          | pation / Job title (See Instructions)   | 9 Employer (See Instructions   | 5)      |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Montes, Jorge A. (Dr.)  Contributor address; City; State; Zip Code                  | )                              |         | Amount of Contribution (\$)                       | \$25.00      |
|   | Dringing aggr                   | Edinburg, TX 78539  | Employer (See Instructions     | ·/_     |   |              |
|   | Doctor                          | pation / Job title (See Instructions)   | Employer (See Instructions     | )       |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:<br>Montes, Jorge Jayne (Mr.)<br>Contributor address; City; State; Zip Code          | )                              |         | Amount of Contribution (\$)                       | \$5.00       |
|   |                                 | Edinburg, TX 78539  |                                |         |   |              |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor   | Employer (See Instructions     | 5)      |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Montes, Laura (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 | )                              |         | Amount of Contribution (\$)                       | \$25.00      |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   | Employer (See Instructions     | 5)      |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:   |                                |         | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   | Employer (See Instructions     | 5)      |   |              |
|   |                                 |   |                                |         |   |              |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO  | NS                           |                | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|----------------|---|-------------|
|   | The Instruc                 | etion Guide explains how to complete this fo   | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 48/76 Rpt: 51/85 |             |
| 2 | FILER NAME<br>Border Healt  | n PAC  |                              | 3              | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024             | <ul> <li>Full name of contributor</li></ul>  | )                            | 7              | Amount of Contribution (\$)                       | \$15.00     |
| 8 | Principal occu              | Alton, TX 78574  pation / Job title (See Instructions)   | 9 Employer (See Instructions | <br>;)         |   |             |
|   | private inves               | or   |                              |                |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:_ Moreno, Leonel (Dr.)  Contributor address; City; State; Zip Code                      |                              |                | Amount of Contribution (\$)                       | \$250.00    |
|   |                             | Mission, TX 78503  |                              | <u> </u>       |   |             |
|   | Principal occup  Doctor     | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)             |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:_Mulukutla, Surya Narayan (Dr.)  Contributor address; City; State; Zip Code             | )                            |                | Amount of Contribution (\$)                       | \$50.00     |
|   |                             | Edinburg, TX 78539   |                              |                |   |             |
|   | Principal occu<br>physician | oation / Job title (See Instructions)  | Employer (See Instructions   | 5)             |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:_Munoz, Roberto (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504    | )                            |                | Amount of Contribution (\$)                       | \$68.50     |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u><br>;) |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:_ Nagaraj, Namitha (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572 |                              |                | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occup             | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)             |   |             |
|   |                             |  |                              |                |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO   | NS                           |                | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|---|------------------------------|----------------|---|-------------|
|   | The Instru                      | ction Guide explains how to complete this fo  | rm.                          | 1              | Total pages Schedule A1:<br>Sch: 49/76 Rpt: 52/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC   |                              | 3              | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>   | )                            | 7              | Amount of Contribution (\$)                       | \$100.00    |
|   |                                 | Weslaco, TX 78596   |                              |                |   |             |
| 8 | Principal occu<br>Dr.           | pation / Job title (See Instructions)   | 9 Employer (See Instructions | s)             |   |             |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code  |                              |                | Amount of Contribution (\$)                       | \$275.00    |
|   | Principal occu                  | McAllen, TX 78503 pation / Job title (See Instructions)   | Employer (See Instructions   | <u> </u>       |   |             |
|   | private inves                   | tor   |                              |                |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Ochoa, Esmeralda (Mrs.)  Contributor address; City; State; Zip Code                   | )                            |                | Amount of Contribution (\$)                       | \$6.88      |
|   |                                 | Edinburg, TX 78539  |                              |                |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor   | Employer (See Instructions   | 5)             |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Ochoa, Kristy (Ms.)  Contributor address; City; State; Zip Code  Mission, TX 78572    |                              |                | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)   | Employer (See Instructions   | <u>I</u><br>S) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Ogunlana, Victor (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572 | )                            |                | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)             |   |             |
|   |                                 |   |                              |                |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBU   | TIONS                       |         | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|-----------------------------|---------|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete th  | his form.                   | 1       | Total pages Schedule A1:<br>Sch: 50/76 Rpt: 53/85 |             |
| 2 | FILER NAME<br>Border Healt  | h PAC  |                             | 3       | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date<br>05/17/2024          | <ul> <li>Full name of contributor</li></ul>  |                             | 7       | Amount of Contribution (\$)                       | \$50.00     |
| 8 | Dringinal occu              | McAllen, TX 78504 pation / Job title (See Instructions)  | 9 Employer (See Instruction | )<br>   |   |             |
| 0 | Private Inves               |  | 5 Employer (See instruction | 15)     |   |             |
|   | Date<br>05/17/2024          | Contributor address; City; State; Zip Code   | (ID#:)                      |         | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu              | McAllen, TX 78504 pation / Job title (See Instructions)  | Employer (See Instruction   | <br>ns) |   |             |
|   | Private Inves               |  |                             | ,       |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC Olgin, Gaudencio (Dr.)  Contributor address; City; State; Zip Code                     | (ID#:)                      |         | Amount of Contribution (\$)                       | \$125.00    |
|   |                             | Edinburg, TX 78539   |                             |         |   |             |
|   | Principal occu<br>physician | pation / Job title (See Instructions)  | Employer (See Instruction   | ns)     |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (Oliveira, Noel E (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572 | (ID#:)                      |         | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor    | oation / Job title (See Instructions)  | Employer (See Instruction   | ns)     |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (Orfanos, John (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503    | (ID#:)                      |         | Amount of Contribution (\$)                       | \$200.00    |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)  | Employer (See Instruction   | ns)     |   |             |
|   |                             |  | •                           |         |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUT   | TIONS                         |     | SCHEDUI   | LE <b>A1</b> |
|---|---------------------------------|---|-------------------------------|-----|---|--------------|
|   | The Instru                      | ction Guide explains how to complete thi  | s form.                       | 1   | Total pages Schedule A1:<br>Sch: 51/76 Rpt: 54/85 |              |
| 2 | FILER NAME<br>Border Healt      | h PAC   |                               | 3   | Filer ID (Ethics Commission 00055547              | on Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor  out-of-state PAC (III Otero, Fernando (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                               | 7   | Amount of Contribution (\$)                       | \$1,000.00   |
| _ | Deinsinal                       | mcallen, TX 78502   | O Familia va (Can Instruction |     |   |              |
| 8 | Doctor                          | pation / Job title (See Instructions)   | 9 Employer (See Instructions  | 1S) |   |              |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code  | D#:)                          |     | Amount of Contribution (\$)                       | \$100.00     |
|   | Principal occu                  | Mission, TX 78572 pation / Job title (See Instructions)   | Employer (See Instructions    | ns) |   |              |
|   | Doctor                          |   |                               |     |   |              |
|   | Date<br>05/17/2024              | Full name of contributor  out-of-state PAC (II Ozuna, Ronnie (Mr.)  Contributor address; City; State; Zip Code                                | D#:)                          |     | Amount of Contribution (\$)                       | \$13.80      |
|   |                                 | McAllen, TX 78504   |                               |     |   |              |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor  | Employer (See Instructions    | is) |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (If Padilla, Maritza (Ms.)  Contributor address; City; State; Zip Code  Weslaco, TX 78599           | D#:)                          |     | Amount of Contribution (\$)                       | \$34.42      |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor  | Employer (See Instructions    | ns) |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (If Palacios, Esteban (Mr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78540         | D#:)                          |     | Amount of Contribution (\$)                       | \$50.00      |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor  | Employer (See Instructions    | ns) |   |              |
|   |                                 |   | - '                           |     |   |              |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO   | NS                             |   | SCHEDUI   | LE <b>A1</b> |
|---|-----------------------------|---|--------------------------------|---|---|--------------|
|   | The Instruc                 | ction Guide explains how to complete this fo  | rm.                            | 1 | Total pages Schedule A1:<br>Sch: 52/76 Rpt: 55/85 |              |
| 2 | FILER NAME<br>Border Healt  | h PAC   |                                | 3 | Filer ID (Ethics Commission 00055547              | on Filers)   |
| 4 | Date 05/17/2024             | <ul> <li>Full name of contributor</li></ul>   | )                              | 7 | Amount of Contribution (\$)                       | \$75.00      |
| _ | Dringing Lagran             | Edinburg, TX 78539  | 2. Evanlavar (Caa laatuvatiana |   |   |              |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | 9 Employer (See Instructions   | ) |   |              |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#: Palau Garza, Juan L. (Mr.)  Contributor address; City; State; Zip Code  Pharr, TX 78577         |                                |   | Amount of Contribution (\$)                       | \$10.00      |
|   |                             | pation / Job title (See Instructions)   | Employer (See Instructions     | ) |   |              |
|   | private inves               | tor   |                                |   |   |              |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#: Palimar, P (Dr.)  Contributor address; City; State; Zip Code                                    | )                              |   | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Dringing conu               | McAllen, TX 78504 pation / Job title (See Instructions)   | Employer (See Instructions     |   |   |              |
|   | Dr.                         | pation / Job title (See manuchons)  | Employer (See instructions     | , |   |              |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:<br>Pathak, Umesh Kumar (Dr.)<br>Contributor address; City; State; Zip Code<br>Weslaco, TX 78596 |                                |   | Amount of Contribution (\$)                       | \$100.00     |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)   | Employer (See Instructions     | ) |   |              |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#: Pechero, Guillermo (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504         |                                |   | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu<br>Dr.       | pation / Job title (See Instructions)   | Employer (See Instructions     | ) |   |              |
|   |                             |   |                                |   |   |              |

|   | MONET                           | ARY POLITICAL CONTI  | RIBUTIONS        |                 | SCHEDUI   | E A1       |
|---|---------------------------------|--|------------------|-----------------|---|------------|
|   | The Instruc                     | ction Guide explains how to com  | plete this form. | 1               | Total pages Schedule A1:<br>Sch: 53/76 Rpt: 56/85 |            |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                  | I .             | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 05/17/2024                 | Pena, Diamantina (Ms.)  6 Contributor address; City; State; Zip Co   | tate PAC (ID#:   | 7               | Amount of Contribution (\$)                       | \$1,000.00 |
| 8 | Principal occu                  | Mcallen, TX 78504 pation / Job title (See Instructions)  | 9 Employer (See  | e Instructions) |   |            |
|   | private inves                   |  |                  | •               |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-of-section of out-of-section out-of-sec | tate PAC (ID#:   |                 | Amount of Contribution (\$)                       | \$5.00     |
|   | Principal occu                  | pation / Job title (See Instructions)  | Employer (See    | Instructions)   |   |            |
|   | private inves                   | tor  |                  |                 |   |            |
|   | Date<br>05/17/2024              | Full name of contributor out-of-sequence of contributor (Ms.)  Contributor address; City; State; Zip Co  | rtate PAC (ID#:  | )               | Amount of Contribution (\$)                       | \$5.00     |
|   |                                 | Mission, TX 78574  |                  |                 |   |            |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   | Employer (See    | e Instructions) |   |            |
|   | Date<br>05/17/2024              | Pena, Raul (Dr.)   | itate PAC (ID#:  |                 | Amount of Contribution (\$)                       | \$125.00   |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)  | Employer (See    | Instructions)   |   |            |
|   | Date<br>05/17/2024              | Pena, Victor (Mr.)   | de               |                 | Amount of Contribution (\$)                       | \$5.00     |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor   | Employer (See    | Instructions)   |   |            |
|   |                                 |  | •                |                 |   |            |

|   | MONET                           | ARY POLITICAL CO   | ONTRIBUTION                           | IS                         |        | SCHEDUI   | LE <b>A1</b> |
|---|---------------------------------|--|---------------------------------------|----------------------------|--------|---|--------------|
|   | The Instru                      | ction Guide explains how t   | o complete this for                   | m.                         | 1      | Total pages Schedule A1:<br>Sch: 54/76 Rpt: 57/85 |              |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                                       |                            | 3      | Filer ID (Ethics Commission 00055547              | on Filers)   |
| 4 | Date 05/17/2024                 | <ul><li>5 Full name of contributor Peralez, Rosie (Ms.)</li><li>6 Contributor address; City; State</li></ul> | out-of-state PAC (ID#:<br>e; Zip Code | )                          | 7      | Amount of Contribution (\$)                       | \$5.00       |
|   |                                 | Edinburg, TX 78539   |                                       |                            |        |   |              |
| 8 | Principal occu<br>Private Inves | pation / Job title (See Instructions)<br>stor  | 9                                     | Employer (See Instructions | 5)     |   |              |
|   | Date<br>05/17/2024              | Full name of contributor Perez, Ernie (Mr.)  Contributor address; City; State                                | out-of-state PAC (ID#:e; Zip Code     | )                          |        | Amount of Contribution (\$)                       | \$25.00      |
|   | Principal occu                  | McAllen, TX 78502-5360 pation / Job title (See Instructions)   |                                       | Employer (See Instructions | رد<br> |   |              |
|   | private busin                   |  |                                       | Employer (See moundations  | ,,     |   |              |
|   | Date<br>05/17/2024              | Full name of contributor Perez, Florencia Contributor address; City; State                                   | out-of-state PAC (ID#:e; Zip Code     | )                          |        | Amount of Contribution (\$)                       | \$100.00     |
|   |                                 | McAllen, TX 78503  |                                       |                            |        |   |              |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  |                                       | Employer (See Instructions | 5)     |   |              |
|   | Date<br>05/17/2024              | Full name of contributor Perez, Francisco (Dr.)  Contributor address; City; State  Edinburg, TX 78539        |                                       | )                          |        | Amount of Contribution (\$)                       | \$50.00      |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  |                                       | Employer (See Instructions | 5)     |   |              |
|   | Date<br>05/17/2024              | Full name of contributor Perez, Guillermo (Dr.) Contributor address; City; State McAllen, TX 78501           | out-of-state PAC (ID#:                | )                          |        | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  |                                       | Employer (See Instructions | 5)     |   |              |
|   |                                 |  |                                       |                            |        |   |              |

|   | MONEI                           | ARY POLITICAL (  | CONTRIBUTIO                                    | )NS   |                | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|--|---|----------------|---|-------------|
|   | The Instruc                     | ction Guide explains how   | to complete this f                             | orm.  | 1              | Total pages Schedule A1:<br>Sch: 55/76 Rpt: 58/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |  |   | 3              | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul><li>5 Full name of contributor<br/>Perez, Nina (Ms.)</li><li>6 Contributor address; City; St</li></ul> | out-of-state PAC (ID#:_                        | )   | 7              | Amount of Contribution (\$)                       | \$10.00     |
| 8 | Principal occu<br>private inves | Edinburg, TX 78539<br>pation / Job title (See Instructions<br>tor  | )  | 9 Employer (See Instructions                | <u> </u><br>s) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor Peynado, Herrietta (Ms.) Contributor address; City; St Mercedes, TX 78570         | out-of-state PAC (ID#:_                        |   | •              | Amount of Contribution (\$)                       | \$25.68     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions<br>tor  | )  | Employer (See Instructions                  | <u>I</u><br>S) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor Pierre-Louise, Michael (D Contributor address; City; St                           |  | )   | •              | Amount of Contribution (\$)                       | \$50.00     |
|   | Deinsinal assu                  | Mission, TX 78572  | <u>,                                      </u> | Franks or (Cook both others                 | <u></u>        |   |             |
|   | Physician Physician             | pation / Job title (See Instructions   |  | Employer (See Instructions<br>Self-employed | »)<br>——       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor Pillai, Revi (Mr.)  Contributor address; City; St  McAllen, TX 78504              | out-of-state PAC (ID#:_                        | )   | •              | Amount of Contribution (\$)                       | \$6.85      |
|   | Principal occu<br>private inves | pation / Job title (See Instructions   | )  | Employer (See Instructions                  | <u>I</u><br>S) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor Pope, Bill (Dr.)  Contributor address; City; St  McAllen, TX 78504                | out-of-state PAC (ID#:_<br>ate; Zip Code       |   |                | Amount of Contribution (\$)                       | \$200.00    |
|   | Principal occu<br>M             | pation / Job title (See Instructions   |  | Employer (See Instructions                  | 5)             |   |             |
|   |                                 |  |  |   |                |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTION   | NS                         |          | SCHEDULI  | E <b>A1</b> |
|---|---------------------------------|--|----------------------------|----------|---|-------------|
|   | The Instru                      | ction Guide explains how to complete this fo   | rm.                        | 1        | Total pages Schedule A1:<br>Sch: 56/76 Rpt: 59/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                            | 3        | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>  |                            | 7        | Amount of Contribution (\$)                       | \$250.00    |
| _ |                                 | McAllen, TX 78504  |                            |          |   |             |
| 8 | Principal occu<br>Dr.           | pation / Job title (See Instructions)  | Employer (See Instructions | i)       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Prieto-Harris, Roberto (Dr.)  Contributor address; City; State; Zip Code             | )                          |          | Amount of Contribution (\$)                       | \$50.00     |
|   | Dringing agg                    | McAllen, TX 78504  | Employer (See Instructions | _        |   |             |
|   | Doctor                          | pation / Job title (See Instructions)  | Employer (See Instructions | )        |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Puttagunta, Sobha (Ms.)  Contributor address; City; State; Zip Code                  |                            |          | Amount of Contribution (\$)                       | \$10.00     |
|   |                                 | McAllen, TX 78504  |                            |          |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor  | Employer (See Instructions | 5)       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:Quach, Tin (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504       | )                          |          | Amount of Contribution (\$)                       | \$5.00      |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)  | Employer (See Instructions | <u> </u> |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:Quinteros, Maria (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78501 | )                          |          | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu<br>Physician     | pation / Job title (See Instructions)  | Employer (See Instructions | )        |   |             |
|   |                                 |  |                            |          |   |             |

|   | MONET                           | ARY POLITICAL CONTRI   | BUTION       | IS                          |    | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|--------------|-----------------------------|----|---|-------------|
|   | The Instruc                     | ction Guide explains how to comple   | ete this for | m.                          | 1  | Total pages Schedule A1:<br>Sch: 57/76 Rpt: 60/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |              |                             | 3  | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | Rafols, Rafael (Dr.)   | e PAC (ID#:  |                             | 7  | Amount of Contribution (\$)                       | \$25.00     |
| _ | <u> </u>                        | McAllen, TX 78503  | la la        |                             |    |   |             |
| 8 |                                 | pation / Job title (See Instructions)  If-employeed  | 9            | Employer (See Instructions  | ;) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state Ramirez, Ernesto (Dr.)  Contributor address; City; State; Zip Code                 |              | )                           |    | Amount of Contribution (\$)                       | \$100.00    |
|   | Deinsinal assu                  | McAllen, TX 78504  |              | Franks on (Cook bathwatiana | _  |   |             |
|   | Doctor                          | oation / Job title (See Instructions)  |              | Employer (See Instructions  | 5) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state Ramirez, Luis (Dr.)  Contributor address; City; State; Zip Code                    | e PAC (ID#:  | )                           |    | Amount of Contribution (\$)                       | \$100.00    |
|   |                                 | Mission, TX 78572  |              |                             |    |   |             |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)  |              | Employer (See Instructions  | i) |   |             |
|   | Date<br>05/17/2024              | Ramirez, Sergio (Dr.)  |              |                             |    | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Physician     | pation / Job title (See Instructions)  |              | Employer (See Instructions  | () |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state Ramos, Thelma (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | e PAC (ID#:  |                             |    | Amount of Contribution (\$)                       | \$15.00     |
|   | Principal occu<br>private busin | oation / Job title (See Instructions) ess owner  |              | Employer (See Instructions  | )  |   |             |
|   |                                 |  |              |                             |    |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUT  | TIONS                                 |     | SCHEDU  | LE <b>A1</b> |
|---|---------------------------------|--|---------------------------------------|-----|---|--------------|
|   | The Instru                      | ction Guide explains how to complete thi   | is form.                              | 1   | Total pages Schedule A1:<br>Sch: 58/76 Rpt: 61/85 |              |
| 2 | FILER NAME<br>Border Healt      | n PAC  |                                       | 3   | Filer ID (Ethics Commission 00055547              | on Filers)   |
| 4 | Date<br>05/17/2024              | <ul> <li>Full name of contributor</li></ul>  |                                       | 7   | Amount of Contribution (\$)                       | \$8.38       |
| 8 | Principal occu                  | Edinburg, TX 78539 pation / Job title (See Instructions)   | 9 Employer (See Instruction:          | ns) |   |              |
|   | private inves                   |  | , , , , , , , , , , , , , , , , , , , | -,  |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (I<br>Rao, Yohan (Dr.)<br>Contributor address; City; State; Zip Code                       | D#:)                                  |     | Amount of Contribution (\$)                       | \$25.00      |
|   | Dein sin al acces               | McAllen, TX 78504  | Faralana (On a lantanation            |     |   |              |
|   | principal occu<br>private inves | pation / Job title (See Instructions) tor  | Employer (See Instruction:            | 15) |   |              |
|   | Date<br>05/17/2024              | Full name of contributor   | D#:)                                  |     | Amount of Contribution (\$)                       | \$200.00     |
|   |                                 | McAllen, TX 78504  |                                       |     |   |              |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | Employer (See Instruction:            | ıs) |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (I Reinoso, Manuel (Dr.)  Contributor address; City; State; Zip Code  Pharr, TX 78577      | D#:)                                  |     | Amount of Contribution (\$)                       | \$25.00      |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)  | Employer (See Instruction             | ns) |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (I Restrepo, Williams (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78501 | D#:)                                  |     | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu<br>Dr.           | oation / Job title (See Instructions)  | Employer (See Instruction             | ns) |   |              |
|   |                                 |  | •                                     |     |   |              |

|   | MONET                           | ARY POLITICAL CONTRIBUTION  | ONS                          |           | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|---|------------------------------|-----------|---|-------------|
|   | The Instruc                     | ction Guide explains how to complete this   | form.                        | 1         | Total pages Schedule A1:<br>Sch: 59/76 Rpt: 62/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC   |                              | 3         | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>   |                              | 7         | Amount of Contribution (\$)                       | \$250.00    |
| 8 | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)   | 9 Employer (See Instructions | <u>s)</u> |   |             |
|   | private inves                   |   | 2 Employer (God moudours)    | ٥,        |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID# Rivera, Jennifer (Ms.)  Contributor address; City; State; Zip Code                       | :)                           |           | Amount of Contribution (\$)                       | \$3.42      |
|   |                                 | Edinburg, TX 78539  |                              | Ĺ         |   |             |
|   | principal occu<br>private inves | pation / Job title (See Instructions)<br>tor  | Employer (See Instructions   | S)        |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID# Rivera, Jennifer (Ms.)  Contributor address; City; State; Zip Code                       |                              |           | Amount of Contribution (\$)                       | \$10.00     |
|   |                                 | Edinburg, TX 78539  |                              |           |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor   | Employer (See Instructions   | 5)        |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID# Robalino, Benjamin (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504  | :)                           |           | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)        |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID# Robles, Luis H. (Dr.)  Contributor address; City; State; Zip Code  Brownsville, TX 78520 | :                            |           | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)        |   |             |
|   |                                 |   | •                            |           |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION  | DNS                          |                | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|------------------------------|----------------|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this 1   | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 60/76 Rpt: 63/85 |             |
| 2 | FILER NAME<br>Border Healt  | h PAC   |                              | 3              | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024             | <ul> <li>Full name of contributor</li></ul>   |                              | 7              | Amount of Contribution (\$)                       | \$100.00    |
|   |                             | Edinburg, TX 78539  |                              |                |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | 9 Employer (See Instructions | i)             |   |             |
|   | Date 05/17/2024             | Contributor address; City; State; Zip Code  |                              |                | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu              | Weslaco, TX 78596 pation / Job title (See Instructions)   | Employer (See Instructions   | <u> </u><br>;) |   |             |
|   | private inves               | tor   |                              |                |   |             |
|   | Date 05/17/2024             | Full name of contributor out-of-state PAC (ID#:_Rodriguez, Ofelia (Dr.)  Contributor address; City; State; Zip Code                             | )                            |                | Amount of Contribution (\$)                       | \$50.00     |
|   |                             | Mcallen, TX 78504   |                              |                |   |             |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)             |   |             |
|   | Date 05/17/2024             | Contributor address; City; State; Zip Code  |                              |                | Amount of Contribution (\$)                       | \$18.75     |
|   | Principal occu<br>Physician | McAllen, TX 78504 pation / Job title (See Instructions)   | Employer (See Instructions   | <u> </u>       |   |             |
|   | Date<br>05/17/2024          | Full name of contributor out-of-state PAC (ID#:_Rodriguez-Ayala, Heriberto (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78502 | )                            |                | Amount of Contribution (\$)                       | \$16.90     |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)             |   |             |
|   |                             |   | ,                            |                |   |             |

|   | MONET                           | ARY POLITICAL CONTRIE  | BUTION      | IS                         |       | SCHEDUI   | LE <b>A1</b> |
|---|---------------------------------|--|-------------|----------------------------|-------|---|--------------|
|   | The Instruc                     | ction Guide explains how to comple   | te this for | m.                         | 1     | Total pages Schedule A1:<br>Sch: 61/76 Rpt: 64/85 |              |
| 2 | FILER NAME<br>Border Healt      | h PAC  |             |                            | 3     | Filer ID (Ethics Commission 00055547              | on Filers)   |
| 4 | Date<br>05/17/2024              | <ul> <li>Full name of contributor  out-of-state</li></ul>  | PAC (ID#:   | )                          | 7     | Amount of Contribution (\$)                       | \$250.00     |
| 8 | Principal occu                  | Mission, TX 78572 pation / Job title (See Instructions)  | ام          | Employer (See Instructions |       |   |              |
| 0 | Doctor                          | Janon / Job line (See Instructions)  | 9           | Employer (See instructions | ')    |   |              |
|   | Date<br>05/17/2024              | Ruiz, Henry (Dr.)  | PAC (ID#:   | )                          |       | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)  |             | Employer (See Instructions | )<br> |   |              |
|   | Doctor                          | odition / Job title (See Histractions)   |             | Employer (See instructions | ')    |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state Ruiz, Jose (Mr.)  Contributor address; City; State; Zip Code                       | PAC (ID#:   |                            |       | Amount of Contribution (\$)                       | \$26.83      |
|   |                                 | Mission, TX 78534  |             |                            |       |   |              |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   |             | Employer (See Instructions | 5)    |   |              |
|   | Date<br>05/17/2024              | Saenz, J.J (Dr.)   | PAC (ID#:   |                            |       | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  |             | Employer (See Instructions | ()    |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state Saenz, Javier (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572 |             | )                          |       | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  |             | Employer (See Instructions | ()    |   |              |
|   |                                 |  | <b>,</b>    |                            |       |   |              |

|   | MONET                           | ARY POLITICAL CONTRIBUT  | IONS                         |    | SCHEDU  | LE <b>A1</b> |
|---|---------------------------------|--|------------------------------|----|---|--------------|
|   | The Instruc                     | ction Guide explains how to complete this  | s form.                      | 1  | Total pages Schedule A1:<br>Sch: 62/76 Rpt: 65/85 |              |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                              | 3  | Filer ID (Ethics Commission 00055547              | on Filers)   |
| 4 | Date<br>05/17/2024              | <ul> <li>Full name of contributor</li></ul>  |                              | 7  | Amount of Contribution (\$)                       | \$25.00      |
| 8 | Dringinal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)  | 9 Employer (See Instructions | c) |   |              |
| 0 | private inves                   |  | 9 Employer (See Instructions | 5) |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (IE Saenz, Jessica (Ms.)  Contributor address; City; State; Zip Code                     | D#:)                         |    | Amount of Contribution (\$)                       | \$25.00      |
|   | Principal occu                  | Mcallen, TX 78502 pation / Job title (See Instructions)  | Employer (See Instructions   | e) |   |              |
|   | Private inves                   |  | Employer (See Instructions   | 3) |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (IE Saenz, Vanessa (Ms.)  Contributor address; City; State; Zip Code                     | D#:)                         |    | Amount of Contribution (\$)                       | \$10.00      |
|   |                                 | Edinburg, TX 78541   |                              |    |   |              |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor  | Employer (See Instructions   | s) |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (IE Saffels, Nathan (Mr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | D#:)                         |    | Amount of Contribution (\$)                       | \$10.00      |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)  | Employer (See Instructions   | s) |   |              |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (IE Safir, Larry (Mr.)  Contributor address; City; State; Zip Code  Mcallen, TX 78503    | D#:)                         |    | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor   | Employer (See Instructions   | s) |   |              |
|   |                                 |  | •                            |    |   |              |

|   | MONET                           | ARY POLITICAL CONTRIBUT  | IONS                         |            | SCHEDUL  | E <b>A1</b> |
|---|---------------------------------|--|------------------------------|------------|--|-------------|
|   | The Instru                      | ction Guide explains how to complete this  | s form.                      | 1          | otal pages Schedule A1:<br>Sch: 63/76 Rpt: 66/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                              | 1          | iler ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date<br>05/17/2024              | <ul> <li>Full name of contributor</li></ul>  |                              | <b>7</b> A | amount of Contribution (\$)                      | \$5.00      |
| 8 | Principal occu                  | Mission, TX 78572 pation / Job title (See Instructions)  | 9 Employer (See Instructions | s)         |  |             |
| • | private inves                   |  | = inprojer (eee meadeach     | ٠,         |  |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID Salazar, Juan J. (Dr.)  Contributor address; City; State; Zip Code                       | #:)                          |            | nmount of Contribution (\$)                      | \$250.00    |
|   | Principal occu                  | Mission, TX 78572 pation / Job title (See Instructions)  | Employer (See Instructions   | 6)         |  |             |
|   | Doctor                          | oalion / Job title (See Instructions)  | Employer (See instructions   | 3)         |  |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID Saldivar, Aida (Ms.)  Contributor address; City; State; Zip Code                         | #:)                          |            | Amount of Contribution (\$)                      | \$10.00     |
|   |                                 | McAllen, TX 78504  |                              |            |  |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   | Employer (See Instructions   | s)         |  |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID Salinas, Annabelle (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78501  | #:)                          | A          | smount of Contribution (\$)                      | \$5.00      |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor   | Employer (See Instructions   | s)         |  |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID Salinas, Elizabeth (Ms.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 | #:)                          | A          | Amount of Contribution (\$)                      | \$10.00     |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor   | Employer (See Instructions   | s)         |  |             |
|   |                                 |  | •                            |            |  |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTION   | NS                         |                | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|----------------------------|----------------|---|-------------|
|   | The Instruc                     | ction Guide explains how to complete this fo   | rm.                        | 1              | Total pages Schedule A1:<br>Sch: 64/76 Rpt: 67/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                            | 3              | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>  | )                          | 7              | Amount of Contribution (\$)                       | \$150.00    |
| _ |                                 | Mission, TX 78572  |                            |                |   |             |
| 8 | Principal occu<br>Dr.           | pation / Job title (See Instructions)  | Employer (See Instructions | 5)             |   |             |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code   |                            |                | Amount of Contribution (\$)                       | \$6.88      |
|   | Principal occu                  | McAllen, TX 78503 pation / Job title (See Instructions)  | Employer (See Instructions | <u> </u><br>5) |   |             |
|   | private inves                   | tor  |                            |                |   |             |
|   | Date<br>05/17/2024              | Full name of contributor  uut-of-state PAC (ID#: Salinas, Samuel (Mr.)  Contributor address; City; State; Zip Code                               | )                          |                | Amount of Contribution (\$)                       | \$10.00     |
|   |                                 | Mission, TX 78572  |                            |                |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor  | Employer (See Instructions | 5)             |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:<br>Sanchez, Elisa Garza (Dr.)<br>Contributor address; City; State; Zip Code<br>Mission, TX 78572 | )                          |                | Amount of Contribution (\$)                       | \$125.00    |
|   | Principal occu<br>doctor        | pation / Job title (See Instructions)  | Employer (See Instructions | 5)             |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:Sanchez, Richard (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504             |                            |                | Amount of Contribution (\$)                       | \$136.99    |
|   | Principal occu<br>doctor        | pation / Job title (See Instructions)  | Employer (See Instructions | 5)             |   |             |
|   |                                 |  |                            |                |   |             |

|   | MONET                      | ARY POLITICAL CONTRIBUTION  | DNS                          |         | SCHEDUL   | E <b>A1</b> |
|---|----------------------------|---|------------------------------|---------|---|-------------|
|   | The Instruc                | ction Guide explains how to complete this t   | form.                        | 1       | Total pages Schedule A1:<br>Sch: 65/76 Rpt: 68/85 |             |
| 2 | FILER NAME<br>Border Healt | h PAC   |                              | 3       | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date<br>05/17/2024         | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Sandoval, Gilberto (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7       | Amount of Contribution (\$)                       | \$10.00     |
| _ | Deinsinal assu             | Brownsville, TX 78520   | Con la chiuntia na           | <u></u> |   |             |
| 8 | private inves              | pation / Job title (See Instructions)<br>tor  | 9 Employer (See Instructions | 5)      |   |             |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#: Sandoval, Oscar (Mr.)  Contributor address; City; State; Zip Code                                 |                              | •       | Amount of Contribution (\$)                       | \$25.00     |
|   |                            | Edcouch, TX 78538   | T = 1 (0 1                   | <u></u> |   |             |
|   | private inves              | pation / Job title (See Instructions)<br>tor  | Employer (See Instructions   | 5)      |   |             |
|   | Date 05/17/2024            | Full name of contributor out-of-state PAC (ID#:_Sarmiento Cano, Juan P. Javier (Dr.)  Contributor address; City; State; Zip Code                  |                              |         | Amount of Contribution (\$)                       | \$50.00     |
|   |                            | McAllen, TX 78504   |                              |         |   |             |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)   | Employer (See Instructions   | s)      |   |             |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_Seas, Manuel (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504                 |                              |         | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)      |   |             |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#: Serna, Samuel (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504                |                              |         | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>doctor   | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)      |   |             |
|   |                            |   | •                            |         |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO  | NS                              |               | SCHEDULE A  | <b>A1</b> |
|---|---------------------------------|--|---------------------------------|---------------|---|-----------|
|   | The Instruc                     | ction Guide explains how to complete this fo   | rm.                             | 1             | Total pages Schedule A1:<br>Sch: 66/76 Rpt: 69/85 |           |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                                 | 3             | Filer ID (Ethics Commission Fil 00055547          | ers)      |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>  | )                               | 7             | Amount of Contribution (\$)                       | \$50.00   |
| _ | Deinsinal assu                  | Mission, TX 78572  | O Francis or (Coo la structiona | $\overline{}$ |   |           |
| 8 | Doctor                          | pation / Job title (See Instructions)  | 9 Employer (See Instructions    | 5)            |   |           |
|   | Date 05/17/2024                 | Full name of contributor   |                                 |               | Amount of Contribution (\$) \$1,0                 | 00.00     |
|   |                                 | McAllen, TX 78503  | 5 1 (0 1 : :                    | Ĺ             |   |           |
|   | Doctor                          | pation / Job title (See Instructions)  | Employer (See Instructions      | 5)            |   |           |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Siberman, Herschi (Dr.)  Contributor address; City; State; Zip Code                    |                                 |               | Amount of Contribution (\$) \$                    | 200.00    |
|   |                                 | McAllen, TX 78504  |                                 |               |   |           |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | Employer (See Instructions      | 5)            |   |           |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Siedow, Stephen (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504   | )                               |               | Amount of Contribution (\$)                       | \$25.00   |
|   | Principal occu<br>physician     | pation / Job title (See Instructions)  | Employer (See Instructions      | ()            |   |           |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Sifuentes, Pamela (Ms.)  Contributor address; City; State; Zip Code  Weslaco, TX 78596 |                                 |               | Amount of Contribution (\$)                       | \$15.00   |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor  | Employer (See Instructions      | 5)            |   |           |
|   |                                 | -  |                                 |               |   |           |

|   | MONET                           | ARY POLITICAL CONTRIBUTION   | ONS                          |          | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|------------------------------|----------|---|-------------|
|   | The Instru                      | ction Guide explains how to complete this  | form.                        | 1        | Total pages Schedule A1:<br>Sch: 67/76 Rpt: 70/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                              | 3        | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Singh, Manish (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> | _                            | 7        | Amount of Contribution (\$)                       | \$250.00    |
| _ |                                 | McAllen, TX 78503  | 1                            |          |   |             |
| 8 | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | 9 Employer (See Instructions | i)       |   |             |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code   |                              |          | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu                  | Weslaco, TX 78596 pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u> |   |             |
|   | Doctor                          |  |                              |          |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Solis, Hilda (Ms.)  Contributor address; City; State; Zip Code                               | )                            |          | Amount of Contribution (\$)                       | \$25.00     |
|   |                                 | McAllen, TX 78501  |                              |          |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   | Employer (See Instructions   | i)       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Soto, Hector (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503            | )                            |          | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Sustaita, Raul (Mr.)  Contributor address; City; State; Zip Code  Donna, TX 78537            |                              |          | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   | Employer (See Instructions   | )        |   |             |
|   |                                 |  | ı                            |          |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTION  | NS                           |   | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|---|------------------------------|---|---|-------------|
|   | The Instru                      | ction Guide explains how to complete this fo  | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 68/76 Rpt: 71/85 |             |
| 2 | FILER NAME<br>Border Healt      |   |                              | 3 | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Swarup, Jyothi (Dr.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul> | )                            | 7 | Amount of Contribution (\$)                       | \$100.00    |
| _ | <u> </u>                        | McAllen, TX 78504   |                              |   |   |             |
| 8 | Doctor                          | pation / Job title (See Instructions)   | 9 Employer (See Instructions | ) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_Sy, Wilson (Dr.)  Contributor address; City; State; Zip Code                                      |                              |   | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   | Doctor                          | panon, cos uno (coo monasmono)  |                              | , |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Tamez, Daniel (Mr.)  Contributor address; City; State; Zip Code                                   | )                            |   | Amount of Contribution (\$)                       | \$6.67      |
|   |                                 | Alton, TX 78573   |                              |   |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>stor   | Employer (See Instructions   | ) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_ Tey, Alejandro (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539             | )                            |   | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>M.D.          | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_ Tharp, Maribel (Ms.)  Contributor address; City; State; Zip Code  Mission, TX 78572              |                              |   | Amount of Contribution (\$)                       | \$15.00     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   |                                 |   |                              |   |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUT  | TIONS          |                  | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|----------------|------------------|---|-------------|
|   | The Instruc                     | ction Guide explains how to complete th  | is form.       | 1                | Total pages Schedule A1:<br>Sch: 69/76 Rpt: 72/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                | 3                | Filer ID (Ethics Commissio 00055547               | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>  |                |                  | Amount of Contribution (\$)                       | \$20.00     |
| 8 | Dringinal accu                  | Pharr, TX 78577  | a Employer (Sc | o Instructions)  |   |             |
| 0 | private inves                   | pation / Job title (See Instructions)<br>tor   | 9 Employer (Se | e instructions)  |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC ( Torres, Fadi (Dr.)  Contributor address; City; State; Zip Code                   | D#:            | )                | Amount of Contribution (\$)                       | \$100.00    |
|   | Dringing! aggs                  | Edinburg, TX 78539   | Employer (Co   | a Instructions)  |   |             |
|   | physician                       | pation / Job title (See Instructions)  | Employer (Se   | ee Instructions) |   |             |
|   | Date 05/17/2024                 | Full name of contributor out-of-state PAC ( Tovar, Sandra (Ms.)  Contributor address; City; State; Zip Code                  | D#:            |                  | Amount of Contribution (\$)                       | \$10.00     |
|   |                                 | McAllen, TX 78504  |                |                  |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor   | Employer (Se   | ee Instructions) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC ( Trejo, Jose (Mr.)  Contributor address; City; State; Zip Code  McAllen, TX 78501 | D#:            |                  | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>private busin | oation / Job title (See Instructions)<br>ess owner   | Employer (Se   | ee Instructions) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC ( Trevino, Ernesto  Contributor address; City; State; Zip Code  McAllen, TX 78504  | D#:            |                  | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)  | Employer (Se   | ee Instructions) |   |             |
|   |                                 |  | '              |                  |   |             |

|   | MONET                           | ARY POLITICAL CO   | NTRIBUTION                         | IS                          |          | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|------------------------------------|-----------------------------|----------|---|-------------|
|   | The Instru                      | ction Guide explains how to  | complete this for                  | m.                          | 1        | Total pages Schedule A1:<br>Sch: 70/76 Rpt: 73/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                                    |                             | 3        | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date<br>05/17/2024              | Trevino, Kyara J. (Ms.)  | out-of-state PAC (ID#:             | )                           | 7        | Amount of Contribution (\$)                       | \$5.00      |
| _ | Deinsinal assu                  | La Joya, TX 78560  | <u> </u>                           | Franksian (Caalinatuustiana | _        |   |             |
| 8 | private inves                   | pation / Job title (See Instructions)<br>tor   | 9                                  | Employer (See Instructions  | 5)       |   |             |
|   | Date<br>05/17/2024              | Trevino, Lisa (Ms.)  Contributor address; City; State;   |                                    |                             |          | Amount of Contribution (\$)                       | \$5.00      |
|   | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)  |                                    | Employer (See Instructions  | <u>.</u> |   |             |
|   | private inves                   |  |                                    |                             | ,        |   |             |
|   | Date<br>05/17/2024              | Full name of contributor  Turley, Susan (Mrs.)  Contributor address; City; State;                    | out-of-state PAC (ID#:<br>Zip Code | )                           |          | Amount of Contribution (\$)                       | \$250.00    |
|   |                                 | McAllen, TX 78504  |                                    |                             |          |   |             |
|   | Principal occu<br>private busin | pation / Job title (See Instructions) ess owner  |                                    | Employer (See Instructions  | 5)       |   |             |
|   | Date<br>05/17/2024              | Full name of contributor Twahiwa, Marcel (Dr.)  Contributor address; City; State;  Mission, TX 78572 |                                    |                             |          | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  |                                    | Employer (See Instructions  | )        |   |             |
|   | Date<br>05/17/2024              | Full name of contributor Uribe, Lourdes (Dr.)  Contributor address; City; State;  McAllen, TX 78504  | out-of-state PAC (ID#:             |                             |          | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  |                                    | Employer (See Instructions  | ()       |   |             |
|   |                                 |  | 1                                  |                             |          |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO  | NS                           |    | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|------------------------------|----|---|-------------|
|   | The Instru                      | ction Guide explains how to complete this fo   | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 71/76 Rpt: 74/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                              | 3  | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>  | )                            | 7  | Amount of Contribution (\$)                       | \$100.00    |
| _ |                                 | Mission, TX 78572  |                              |    |   |             |
| 8 | M.D                             | pation / Job title (See Instructions)  | 9 Employer (See Instructions | ;) |   |             |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code   |                              |    | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu                  | Rio Grande, TX 78582  Dation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor  ut-of-state PAC (ID#:_ Veeramachaneni, Ravindra (Dr.)  Contributor address; City; State; Zip Code            | )                            |    | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu                  | Mission, TX 78572 Dation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   | Date 05/17/2024                 | Full name of contributor out-of-state PAC (ID#:_Vela, Carlos Ian (Mr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 | )                            |    | Amount of Contribution (\$)                       | \$20.65     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#:_ Vela, Efraim (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503     | )                            |    | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   |                                 |  |                              |    |   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO  | NS                            |         | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|-------------------------------|---------|---|-------------|
|   | The Instruc                     | ction Guide explains how to complete this fo   | rm.                           | 1       | Total pages Schedule A1:<br>Sch: 72/76 Rpt: 75/85 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC  |                               | 3       | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor</li></ul>  | )                             | 7       | Amount of Contribution (\$)                       | \$10.00     |
| _ | Dringing age                    | Edinburg, TX 78539   | 2. Employer (Coo Instructions | <u></u> |   |             |
| 8 | Private inves                   |  | 9 Employer (See Instructions  | o)      |   |             |
|   | Date<br>05/17/2024              | Contributor address; City; State; Zip Code   | )                             |         | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu                  | Mission, TX 78572 pation / Job title (See Instructions)  | Employer (See Instructions    | ;)<br>  |   |             |
|   | private inves                   |  | Employer (Gee manachorie      | "       |   |             |
|   | Date 05/17/2024                 | Full name of contributor out-of-state PAC (ID#: Velazquez, Orlando (Mr.)  Contributor address; City; State; Zip Code                         | )                             |         | Amount of Contribution (\$)                       | \$10.00     |
|   |                                 | Mission, TX 78572  |                               |         |   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor  | Employer (See Instructions    | 5)      |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Velazquez, Rolando (Mr.)  Contributor address; City; State; Zip Code  Raymondville, TX 78580 | )                             |         | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor  | Employer (See Instructions    | 5)      |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state PAC (ID#: Vera, Eloy (Mr.)  Contributor address; City; State; Zip Code  Rio Grande City, TX 78582      | )                             |         | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor  | Employer (See Instructions    | 5)      |   |             |
|   |                                 | l  |                               |         |   |             |

|   | MONET                           | ARY POLITICAL CONTR  | RIBUTION      | IS                         |                | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|---------------|----------------------------|----------------|---|-------------|
|   | The Instruc                     | ction Guide explains how to comp   | lete this for | m.                         | 1              | Total pages Schedule A1:<br>Sch: 73/76 Rpt: 76/85 |             |
| 2 | FILER NAME<br>Border Healt      | n PAC  |               |                            | 3              | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024                 | <ul> <li>Full name of contributor  out-of-star  villarreal, Rose Maria (Ms.)</li> <li>Contributor address; City; State; Zip Coo</li> </ul> |               |                            | 7              | Amount of Contribution (\$)                       | \$250.00    |
| 8 | Principal occur                 | McAllen, TX 78504 pation / Job title (See Instructions)  | 9             | Employer (See Instructions | <u> </u>       |   |             |
|   | private inves                   |  |               | Zimproyor (Geo mondonorio  | ,              |   |             |
|   | Date<br>05/17/2024              | Villarreal, Veronica (Ms.)  Contributor address; City; State; Zip Cod  |               | )                          |                | Amount of Contribution (\$)                       | \$205.91    |
|   | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)  |               | Employer (See Instructions | <u> </u><br>;) |   |             |
|   | private inves                   |  |               |                            |                |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-sta Villarreal, Victor (Dr.)  Contributor address; City; State; Zip Cod                                    | ate PAC (ID#: |                            |                | Amount of Contribution (\$)                       | \$90.00     |
|   |                                 | Pharr, TX 78577  |               |                            |                |   |             |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)  |               | Employer (See Instructions | 5)             |   |             |
|   | Date<br>05/17/2024              | Villarreal Jr, Jaime (Dr.)   |               | )                          |                | Amount of Contribution (\$)                       | \$6.88      |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)  |               | Employer (See Instructions | 5)             |   |             |
|   | Date<br>05/17/2024              | Full name of contributor out-of-state Villegas, Gustavo (Mr.)  Contributor address; City; State; Zip Cod  Edinburg, TX 78539               | ate PAC (ID#: | )                          |                | Amount of Contribution (\$)                       | \$34.37     |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor   |               | Employer (See Instructions | s)             |   |             |
|   |                                 |  | 1             |                            |                |   |             |

|   | MONET                             | ARY POLITICAL C   | ONTRIBUTIO             | NS                              |                | SCHEDUI   | E A1       |
|---|-----------------------------------|---|------------------------|---------------------------------|----------------|---|------------|
|   | The Instruc                       | ction Guide explains how  | to complete this fo    | rm.                             | 1              | Total pages Schedule A1:<br>Sch: 74/76 Rpt: 77/85 |            |
| 2 | FILER NAME<br>Border Healt        | h PAC   |                        |                                 | 3              | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date<br>05/17/2024                | <ul><li>5 Full name of contributor</li><li>Villescas III, Gavino M. (M</li><li>6 Contributor address; City; Sta</li></ul> | ······                 |                                 | 7              | Amount of Contribution (\$)                       | \$44.74    |
| _ |                                   | San Juan, TX 78589  |                        |                                 |                |   |            |
| 8 | Principal occup<br>private invest | pation / Job title (See Instructions)<br>tor  | !                      | 9 Employer (See Instructions    | s)             |   |            |
|   | Date<br>05/17/2024                | Full name of contributor Viswamitra, Saroje (Dr.) Contributor address; City; Sta  |                        |                                 | •              | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occup                   | McAllen, TX 78504 oation / Job title (See Instructions)   | (                      | Employer (See Instructions      | <u> </u><br>s) |   |            |
|   | Doctor                            |   |                        |                                 |                |   |            |
|   | Date<br>05/17/2024                | Full name of contributor Vitko, Roger (Dr.)  Contributor address; City; Sta   | out-of-state PAC (ID#: | )                               | •              | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Deignaignal annu                  | McAllen, TX 78504   |                        | Franklavian (Cala Inatrovetiana | <u></u>        |   |            |
|   | Doctor                            | oation / Job title (See Instructions)   |                        | Employer (See Instructions      | 5)             |   |            |
|   | Date<br>05/17/2024                | Full name of contributor Walker, Ray (Mr.) Contributor address; City; Sta   |                        |                                 | •              | Amount of Contribution (\$)                       | \$250.00   |
|   | Principal occup                   | oation / Job title (See Instructions)<br>ess owner  |                        | Employer (See Instructions      | 5)             |   |            |
|   | Date<br>05/17/2024                | Full name of contributor Wang, Ann (Dr.) Contributor address; City; Sta   | out-of-state PAC (ID#: |                                 | •              | Amount of Contribution (\$)                       | \$10.00    |
|   | Principal occup<br>Doctor         | pation / Job title (See Instructions)   |                        | Employer (See Instructions      | <u>.</u><br>S) |   |            |
|   |                                   |   | 1                      |                                 |                |   |            |

|   | MONET                      | ARY POLITICAL CONTRIBUTION  | ONS                                 |            | SCHEDUL   | E <b>A1</b> |
|---|----------------------------|---|-------------------------------------|------------|---|-------------|
|   | The Instruc                | etion Guide explains how to complete this f   | orm.                                | 1          | Total pages Schedule A1:<br>Sch: 75/76 Rpt: 78/85 |             |
| 2 | FILER NAME<br>Border Healt | n PAC   |                                     | 3          | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 05/17/2024            | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Webb, James (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                                     | 7          | Amount of Contribution (\$)                       | \$62.50     |
| _ | Deire singel a second      | McAllen, TX 78504   | D. Faralana (On Jantanatian         |            |   |             |
| 8 | private busin              | pation / Job title (See Instructions) ess owner   | <b>9</b> Employer (See Instructions | 5)         |   |             |
|   | Date 05/17/2024            | Full name of contributor out-of-state PAC (ID#:_<br>Wiernik, Paola (Dr.)<br>Contributor address; City; State; Zip Code                      |                                     |            | Amount of Contribution (\$)                       | \$25.00     |
|   |                            | McAllen, TX 78501   |                                     |            |   |             |
|   | Principal occup physician  | pation / Job title (See Instructions)   | Employer (See Instructions          | <b>;</b> ) |   |             |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_Wilson, Teresa (Dr.)  Contributor address; City; State; Zip Code                            |                                     |            | Amount of Contribution (\$)                       | \$50.00     |
|   |                            | McAllen, TX 78504   |                                     |            |   |             |
|   | Principal occup<br>Doctor  | pation / Job title (See Instructions)   | Employer (See Instructions          | ()         |   |             |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_Woloski, Deborah (Ms.)  Contributor address; City; State; Zip Code  Mission, TX 78572       | )                                   |            | Amount of Contribution (\$)                       | \$20.00     |
|   | Principal occup            | pation / Job title (See Instructions)   | Employer (See Instructions          | <u> </u>   |   |             |
|   | Date<br>05/17/2024         | Full name of contributor out-of-state PAC (ID#:_Wong, Antonio (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504          |                                     |            | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor   | oation / Job title (See Instructions)   | Employer (See Instructions          | 5)         |   |             |
|   |                            |   |                                     |            |   |             |

|   | MONET                      | ARY POLITICAL CON  | NTRIBUTION            | S  |   | SCHEDUL   | E <b>A1</b> |
|---|----------------------------|--|-----------------------|--|---|---|-------------|
|   | The Instruc                | etion Guide explains how to c  | complete this for     | n.                                       | 1 | Total pages Schedule A1:<br>Sch: 76/76 Rpt: 79/85 |             |
| 2 | FILER NAME<br>Border Healt | 1 PAC  |                       |  | 3 | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date<br>05/17/2024         | Yanez, Sandra (Ms.)  | ut-of-state PAC (ID#: |  | 7 | Amount of Contribution (\$)                       | \$25.00     |
|   | Dringing aggr              | Alton, TX 78573  | lo.                   | Employer (See Instructions               |   |   |             |
| 8 | private inves              | pation / Job title (See Instructions)<br>cor   | 9                     | Employer (See Instructions               | ) |   |             |
|   | Date<br>05/17/2024         | Full name of contributor on Yarra, Subbarao (Dr.)  Contributor address; City; State; Z |                       | )  |   | Amount of Contribution (\$)                       | \$100.00    |
|   | Deirechart                 | McAllen, TX 78504  |                       | Faralas en (Caralas transitions          |   |   |             |
|   | Doctor                     | pation / Job title (See Instructions)  |                       | Employer (See Instructions               | ) |   |             |
|   | Date<br>05/17/2024         | Full name of contributor on Zamir, Asif (Dr.)  Contributor address; City; State; Z     | ut-of-state PAC (ID#: |  |   | Amount of Contribution (\$)                       | \$250.00    |
|   |                            | Mission, TX 78572  |                       |  |   |   |             |
|   | Principal occup<br>doctor  | oation / Job title (See Instructions)  |                       | Employer (See Instructions               | ) |   |             |
|   | Date<br>05/17/2024         | Full name of contributor on the contributor address; City; State; Z  McAllen, TX 78504 |                       | )  |   | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occup            | pation / Job title (See Instructions)  |                       | Employer (See Instructions               | ) |   |             |
|   | Date<br>05/17/2024         | Full name of contributor on Zayed, Fuad (Dr.)  Contributor address; City; State; Z     | ut-of-state PAC (ID#: | )  |   | Amount of Contribution (\$)                       | \$75.00     |
|   | Principal occup            | oation / Job title (See Instructions)  |                       | Employer (See Instructions self-employed | ) |   |             |
|   |                            |  |                       |  |   |   |             |

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

| Candidate/Officenolder/Political                              | The Instruction Guide explains how to compl                                | lete this form.  |
|---|--|--|
| 1 Total pages Schedule F1:                                    | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
| Sch: 1/5 Rpt: 80/85   | Border Health PAC  | 00055547   |
| 4 Date  | 5 Payee name   |  |
| 05/07/2024  | Canales, Erica (Ms.)   |  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code                                     |  |
| \$5,000.00  | 602 W University   |  |
| - "   |  |  |
| Expenditure from corporate funds                              | Edinburg, TX 78539   |  |
| 8 PURPOSE<br>OF   | 5 y (cor canagement and to per and constant)                               | Description  |
| EXPENDITURE   | Contributions/Donations Made By Candidate/Officeholder/Political Committee | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   | Candidate/Officeriolder/Political Committee                                | contribution   |
|   |  | 30.18.12.88.10.1   |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought                                  | Office held  |
| expenditure to benefit C/OI                                   | 1  | unty Appraisal district  |
| D-1-  |  | 2 FF   |
| Date  | Payee name   |  |
| 05/09/2024  | Canales, Terry (Rep.)  |  |
| Amount (\$)   | Payee address; City; State; Zip Code                                       |  |
| \$10,000.00   | 602 W University Dr. suite b   |  |
| Expenditure from  |  |  |
| corporate funds   | Edinburg, TX 78539   |  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b)       | Description  |
| OF<br>EXPENDITURE   | Contributions/Donations Made By  | Check if travel outside of Texas. Complete Schedule T.   |
| LA LIDITORE   | Candidate/Officeholder/Political Committee                                 | Check if Austin, TX, officeholder living expense   |
|   |  | Contribution   |
| 2 1: 2111 1/1/11  |  | 277  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Canalos Torry (Pop.)   |  |
| 57.p51.4.131.2.13   | Canales, Terry (Rep.)  | State Representative District 40   |
| Date  | Payee name   |  |
| 05/10/2024  | Gamez, Erin (Rep.)   |  |
| Amount (\$)   | Payee address; City; State; Zip Code                                       |  |
| \$10,000.00   | 777 E. Harrison  |  |
|   |  |  |
| Expenditure from corporate funds                              | Brownsville, TX 78520  |  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b)       | Description  |
| OF<br>EXPENDITURE   | Contributions/Donations Made By  | Check if travel outside of Texas. Complete Schedule T.   |
| EXPENDITORL   | Candidate/Officeholder/Political Committee                                 | Check if Austin, TX, officeholder living expense   |
|   |  | Contribution   |
|   |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought                                  |  |
| experience to benefit e.c.                                    | Gamez, Erin (Rep.)   | State Representative District 38   |
|   |  |  |
|   |  |  |
|   |  |  |

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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)

| Credit Card Payment              | The Instruction Guide explains how to comp                                 | lete this form.  |
|----------------------------------|--|--|
| 1 Total pages Schedule F1:       | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
| Sch: 2/5 Rpt: 81/85              | Border Health PAC  | 00055547   |
| 4 Date                           | 5 Payee name   |  |
| 05/10/2024                       | Guillen, Ryan (Rep.)   |  |
| 6 Amount (\$)                    | 7 Payee address; City; State; Zip Code                                     |  |
| \$10,000.00                      | 100 N. FM 3167, Suite 212  |  |
| - Evpanditura from               |  |  |
| Expenditure from corporate funds | Rio Grande City, TX 78582  |  |
| 8 PURPOSE                        | (a) Category (See Categories listed at the top of this schedule) (b        | ) Description  |
| OF<br>EXPENDITURE                | Contributions/Donations Made By  | Check if travel outside of Texas. Complete Schedule T.   |
|                                  | Candidate/Officeholder/Political Committee                                 | Check if Austin, TX, officeholder living expense  Contribution   |
|                                  |  | Contribution   |
| 9 Complete ONLY if direct        | Candidate/Officeholder name Office sough                                   | t Office held  |
| expenditure to benefit C/OI      |  | State Representative District 31   |
| Date                             | Payee name   |  |
| 05/13/2024                       | Hernandez, Ana (Rep.)  |  |
| Amount (\$)                      | Payee address; City; State; Zip Code                                       |  |
| \$10,000.00                      | 1233 Mercury Drive   |  |
| ,,                               |  |  |
| Expenditure from corporate funds | Houston, TX 77029  |  |
| PURPOSE<br>OF                    | · (,   | ) Description  |
| EXPENDITURE                      | Contributions/Donations Made By Candidate/Officeholder/Political Committee | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|                                  | Candidate/Onicendide//Folitical Committee                                  | Contribution   |
|                                  |  |  |
| Complete ONLY if direct          | Candidate/Officeholder name Office sough                                   | t Office held  |
| expenditure to benefit C/OI      | Hernandez, Ana (Rep.)  | State Representative District  |
| Date                             | Payee name   |  |
| 05/13/2024                       | Johnson, Ann (Rep.)  |  |
| Amount (\$)                      | Payee address; City; State; Zip Code                                       |  |
| \$10,000.00                      | 5601 West Loop S Suite C128  |  |
| - "                              |  |  |
| Expenditure from corporate funds | Houston, TX 77081  |  |
| PURPOSE                          | (a) Category (See Categories listed at the top of this schedule) (b)       | ) Description  |
| OF<br>EXPENDITURE                | Contributions/Donations Made By  | Check if travel outside of Texas. Complete Schedule T.   |
|                                  | Candidate/Officeholder/Political Committee                                 | Check if Austin, TX, officeholder living expense  Contribution   |
|                                  |  | Contribution   |
| Complete <u>ONLY</u> if direct   | Candidate/Officeholder name Office sough                                   | t Office held  |
| expenditure to benefit C/OI      |  | State Representative District  |
|                                  |  | 2.5  |
|                                  |  |  |
|                                  |  |  |

### SCHEDULE F1

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.

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

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

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

| Candidate/Officenolder/Political                              | The Instruction Guide explains how to compl                          | es/Contract Labor OTHER (enter a category not listed above)    |
|---|--|--|
| 1 Total pages Schedule F1:                                    | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                          |
| Sch: 4/5 Rpt: 83/85   | Border Health PAC  | 00055547   |
| 4 Date  | 5 Payee name   |  |
| 05/16/2024  | Moody, Joseph (Rep.)   |  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code                               |  |
| \$5,000.00  | 7365 Remcon Circle C301  |  |
| Expenditure from corporate funds                              | El Paso, TX 79912  |  |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | ) Description  |
| OF<br>EXPENDITURE   | Contributions/Donations Made By                                      | Check if travel outside of Texas. Complete Schedule T.         |
|   | Candidate/Officeholder/Political Committee                           | Check if Austin, TX, officeholder living expense  Contribution |
|   |  | Contribution   |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought                            | t Office held  |
| expenditure to benefit C/OI                                   |  | State Representative District 78                               |
| 5 .   |  | Ciato respiratorialisto Districti                              |
| Date  | Payee name   |  |
| 05/17/2024  | Munoz Jr., Sergio (Rep.)   |  |
| Amount (\$)   | Payee address; City; State; Zip Code                                 |  |
| \$10,000.00   | 121 E. Tom Landry  |  |
| Expenditure from corporate funds                              | Mission, TX 78572  |  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | ) Description  |
| OF<br>EXPENDITURE   | Contributions/Donations Made By                                      | Check if travel outside of Texas. Complete Schedule T.         |
|   | Candidate/Officeholder/Political Committee                           | Check if Austin, TX, officeholder living expense               |
|   |  | Contribution   |
| Commists ONI V if direct                                      | Office couplet   | Office hold  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought                            |  |
| - '   | Munoz, Jr, Sergio (Rep.)   | State Representative District 36                               |
| Date  | Payee name   |  |
| 05/20/2024  | Rose, Toni (Rep.)  |  |
| Amount (\$)   | Payee address; City; State; Zip Code                                 |  |
| \$5,000.00  | 3155 Lancaster Rd #220   |  |
| . E ditura tram   |  |  |
| Expenditure from corporate funds                              | Dallas, TX 75216   |  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | ) Description  |
| OF<br>EXPENDITURE   | Contributions/Donations Made By                                      | Check if travel outside of Texas. Complete Schedule T.         |
| LAI LIIDITORE   | Candidate/Officeholder/Political Committee                           | Check if Austin, TX, officeholder living expense               |
|   |  | Contribution   |
|   |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought                            |  |
| Стротовия — то            | Rose, Toni (Rep.)  | State Representative District                                  |
|   |  |  |
|   |  |  |

### SCHEDULE F1

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

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

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)

| Credit Card Payment              | The Instruction Guide explains how to co                         | mplete this f | orm.    |   |                            |
|----------------------------------|--|---------------|---------|---|----------------------------|
| 1 Total pages Schedule F1:       | 2 FILER NAME   |               | 3       | Filer ID                                | (Ethics Commission Filers) |
| Sch: 5/5 Rpt: 84/85              | Border Health PAC  |               |         | 00055547                                |                            |
| 4 Date                           | 5 Payee name   |               |         |   |                            |
| 05/10/2024                       | Thompson, Senfronia (Rep.)                                       |               |         |   |                            |
| 6 Amount (\$)                    | 7 Payee address; City; State; Zip Co                             | de            |         |   |                            |
| \$5,000.00                       | 350 N Sam Houston Pkwy suite b202                                |               |         |   |                            |
|                                  |  |               |         |   |                            |
| Expenditure from corporate funds | Houston, TX 77060  |               |         |   |                            |
| 8 PURPOSE                        | (a) Category (See Categories listed at the top of this schedule) | (b) Descrip   |         |   |                            |
| OF<br>EXPENDITURE                | Contributions/Donations Made By                                  |               |         | de of Texas. Com<br>officeholder living | plete Schedule T.          |
|                                  | Candidate/Officeholder/Political Committee                       | Contri        |         | onicendaei iiviii                       | g expense                  |
|                                  |  |               |         |   |                            |
| 9 Complete ONLY if direct        | Candidate/Officeholder name Office sou                           | ght           |         | Office he                               | eld                        |
| expenditure to benefit C/OI      | H Thompson, Senfronia (Rep.)                                     |               |         | State R                                 | epresentative District     |
| Date                             | Payee name   |               |         |   |                            |
| 05/17/2024                       | Turner, Chris (Rep.)   |               |         |   |                            |
| Amount (\$)                      | Payee address; City; State; Zip Co                               | de            |         |   |                            |
| \$5,000.00                       | 320 Westway Place, suite 501                                     |               |         |   |                            |
| Expenditure from                 |  |               |         |   |                            |
| corporate funds                  | Arlington, TX 76018  |               |         |   |                            |
| PURPOSE                          | (a) Category (See Categories listed at the top of this schedule) | (b) Descrip   | ption   |   |                            |
| OF<br>EXPENDITURE                | Contributions/Donations Made By                                  | <u> </u>      |         |   | plete Schedule T.          |
|                                  | Candidate/Officeholder/Political Committee                       | Contri        |         | officeholder living                     | g expense                  |
|                                  |  | Contai        | battori |   |                            |
| Complete ONLY if direct          | Candidate/Officeholder name Office sou                           | ght           |         | Office he                               | eld                        |
| expenditure to benefit C/O       | <sup>H</sup> Turner, Chris (Rep.)                                |               |         | State R                                 | epresentative District     |
| Date                             | Payee name   |               |         |   |                            |
| 05/10/2024                       | Walle, Armando (Rep.)  |               |         |   |                            |
| Amount (\$)                      | Payee address; City; State; Zip Co                               | de            |         |   |                            |
| \$10,000.00                      | 2909 E Aldine Amphitheatre drive suite 307                       |               |         |   |                            |
|                                  |  |               |         |   |                            |
| Expenditure from corporate funds | Houston, TX 77039  |               |         |   |                            |
| PURPOSE                          | (a) Category (See Categories listed at the top of this schedule) | (b) Descrip   | ption   |   |                            |
| OF<br>EXPENDITURE                | Contributions/Donations Made By                                  |               |         |   | plete Schedule T.          |
| LAFENDITORE                      | Candidate/Officeholder/Political Committee                       | ш             |         | officeholder living                     | g expense                  |
|                                  |  | Contri        | bution  |   |                            |
| Complete ONLY if direct          | Candidate/Officeholder name Office sou                           | aht           |         | Office he                               | eld                        |
| expenditure to benefit C/O       |  | <b>⊡</b>      |         |   | epresentative District     |
|                                  |  |               |         |   |                            |
|                                  |  |               |         |   |                            |
|                                  |  |               |         |   |                            |

|   |   | AL EXPENDITURES POLITICAL CONTRIBUTIONS SCHEDULE I   |  |
|---|---|--|--|
|   | The Instruction Guide explains how to complete this form. |  |  |
| 1 | Total pages Schedule I:<br>Sch: 1/1 Rpt:                  | 2 FILER NAME Border Health PAC 3 Filer ID (Ethics Commission Filers) 00055547  |  |
| 4 | Date<br>05/03/2024  | 5 Payee name Water Tower Village, Ltd  |  |
| 6 | Amount (\$)  3,051.25  Expenditure from                   | 7 Payee Address; City; State; Zip 5221 N McColl Road   |  |
|   | corporate funds   | Mcallen, TX 78502  |  |
| 8 | PURPOSE<br>OF<br>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 |  |
|   |   |  |  |
|   |   |  |  |