MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Т	he MPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission File 00055547	rs)		2 Total pages filed: 71		
3	COMMITTEE NAME						OFFICE USE ONLY		
	Border Health PAC								
							Date Received ELECTRONICALLY FILED 10/04/2024		
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CI	TY; STATE; Z	ZIP				
	ADDRESS	612 W. Nolana, Ste. 340							
	Change of Address	McAllen, TX 78504					Date Used delivered as Date Destroyled		
5	CAMPAIGN	MS/MRS/MR FIRST			MI		Date Hand-delivered or Date Postmarked		
ľ	TREASURER				IVII		Receipt # Amount		
	NAME	Mr. Ernie							
							Date Processed		
		NICKNAME LAST			SU	FFIX			
		Perez					Date Imaged		
		1 0.02							
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE	<u>۱</u> .	APT / SUITE #;	CITY;	ST/	ATE; ZIP CODE		
ľ	TREASURER	612 W. Nolana, Ste. 340	,	/	onn,	017			
	STREET	012 W. Nolalia, Ste. 540							
	ADDRESS (Residence or Business)								
	(,	McAllen, TX 78504							
7	CAMPAIGN	STREET ADDRESS OR PO BOX;		APT / SUITE #;	CITY;	ST	ATE; ZIP CODE		
	TREASURER	612 W. Nolano, Ste. 340							
	MAILING ADDRESS								
		McAllen, TX 78504							
8	CAMPAIGN	AREA CODE PHONE NUMBER		EXTEN	NSION				
	TREASURER PHONE	(956) 994-9757							
	THOME								
9	REPORT TYPE	X Monthly	[10th day after ca			Dissolution (Attach PAC-DR)		
10) MONTHLY								
	REPORT FILING DEADLINE	January 5 Ap	il 5		July 5		X October 5		
	DEADLINE	February 5 Ma	v 5		August 5		November 5		
		March 5 Jur	ie 5		September	5	December 5		
11	L PERIOD	Month Day Year	_		Мо	nth	Day Year		
	COVERED	08/26/2024	THE	ROUGH	09	/25/2			
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1		GO	то	PAGE 2					
L Fo	rms provided by Tex	kas Ethics Commission www.	ethic	s.state.tx.us			Version V4.1.0.48da51f7		

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Border Health PAC			0005554	47
	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		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS	\$	66,110.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	7,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	563,746.22
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	1		I	
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.	rjury, that the mation requi	e accompanying report is red to be reported by me
		Mr Frn	ie Perez	
		Signature of Car		surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me by the said	, tł	nis the	day
		which, witness my hand and seal of office.		uuy
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	fficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

รเ	JBT	OTALS - MPAC	C	FORM NOVER SHEE	_
	MMITTE der He	(Ethics Commission	on Filers)		
		E SUBTOTALS SCHEDULE		SUBTOTAL	AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	66,110.97
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	\$		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	7,500.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	

3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.		SCHEDULE E: LOANS	\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,500.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 41,331.25
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

17 COMMITTEE NAME Border Health PAC **19** SCHEDULE SUBTOTALS NAME OF SCHEDULE

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/66 Rpt: 4/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 5 Full name of contributor 4 out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/20/2024 llinas-Cepeda, Jose Alejandro (Dr.) \$80.00 6 Contributor address; City; State; Zip Code McAllen, TX 78504 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) physician Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 Aboujamous, Riad (Mr.) \$25.00 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/20/2024 Abreu, Charity (Dr.) \$250.00 Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 \$8.31 Agapito, Adrian (Dr.) Contributor address; City; State; Zip Code Pharr, TX 78577 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self-employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/20/2024 \$100.00 Ahmed, Adnam (Dr.) Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self-employed

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	The Instru	ction Guide explains how to c	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 2/66 Rpt: 5/71	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC				00055547	
4	Date	5 Full name of contributor 🗌 ou	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Alam, Golam (Dr.)					\$20.00
		6 Contributor address; City; State; Zi	p Code				
_	Duin single agen	McAllen, TX 78503			Ĺ		
8	Principal occu Doctor	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date	Full name of contributor)		Amount of Contribution (\$)	
	09/20/2024	Alexander, Justin (Mr.)	t-of-state PAC (ID#:)			\$20.78
	031201202-1	Contributor address; City; State; Zi					Ψ20.10
		Continuation address, City, State, בין	p Coue				
		Harlingen, TX 78550					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	private inves	tor					
	Date	Full name of contributor	t-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Alhroob, Assad (Dr.)					\$20.00
		Contributor address; City; State; Zi	p Code				
		Edinburg, TX 78539	i		Ļ		
	Principal occu Doctor	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date		t-of-state PAC (ID#:)		Amount of Contribution (\$)	<u> </u>
	09/20/2024	Ali, Sardar (Mr.)					\$50.00
		Contributor address; City; State; Zi	p Code				
		Mission, TX 78572					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions) ;)		
	Private inves	tor		self employed			
	Date	Full name of contributor 🛛 ou	t-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Aliseda, Ernest (Mr.)					\$125.00
		Contributor address; City; State; Zi	p Code				
		McAllen, TX 78504					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Private Inves	itor		Self-employed			

	The Instru	ction Guide explains how to complete this f	orm.		al pages Schedule A1: n: 3/66 Rpt: 6/71	
2	FILER NAME			3 File	r ID (Ethics Commission	n Filers)
	Border Healt	h PAC		000)55547	
4	Date 09/20/2024	5 Full name of contributor out-of-state PAC (ID#: Allan, Tareq (Mr.))	7 Amo	ount of Contribution (\$)	\$62.35
	I	6 Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	
	09/20/2024	Almedia, Hillary (Dr.)				\$75.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor	l l l l l l l l l l l l l l l l l l l				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	
	09/20/2024	Almedia, Jose (Dr.)				\$57.36
	I	Contributor address; City; State; Zip Code				
	I					
	I					
	I	Boerne, TX 78015				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	physician					
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	
	09/20/2024	Alsabagh, Mourad (Dr.)	/	,		\$250.00
	00,20,202	Contributor address; City; State; Zip Code				<i><i>v</i></i>L 00.02
	I	Cultinutur address, City, State, Zip Code				
	I					
	l	Edinburg, TX 78539				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	physician			<i>')</i>		
╞			<u> </u>	<u>م</u> س		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#: Alvarez, Michelle (Ms.))	Am	ount of Contribution (\$)	\$5.00
	0312012024					φυ.υυ
	I	Contributor address; City; State; Zip Code				
	I					
	l	McAllen, TX 78504				
\vdash	Drizsingl oppu			\		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves					
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SCHEDULE	A1
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	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/66 Rpt: 7/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Apolinario, Jumar (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code				
		Mission, TX 78572				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Aquino, Edwardo (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Arafat, Numan (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	doctor			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Aranguena Sharpe, Gudadalupe (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Madlen TV 79504				
\vdash	Dringing occu	McAllen, TX 78504	Employer (Soo Instructions	<u> </u>		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╞	-			1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀር ጋ1
	09/20/2024	Arellano-Rodriguez, Anabel (Ms.)				\$8.31
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
\vdash	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> •)		
	private inves			"		
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т	he Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 5/66 Rpt: 8/71
2 F	ILER NAME			3 Filer ID (Ethics Commission Filers)
В	Border Healt	h PAC		00055547
4 D	Date	5 Full name of contributor out-of-state PA	PAC (ID#:)	7 Amount of Contribution (\$)
0	9/20/2024	Arrazola, Pedro (Dr.)		\$250.00
		6 Contributor address; City; State; Zip Code		
		1		
2 D	testes acou	McAllen, TX 78504		、 、
	rincipal occu Doctor	pation / Job title (See Instructions)	9 Employer (See Instructions	IS)
	Date	Full name of contributor out-of-state P/	PAC (ID#:)	Amount of Contribution (\$)
	9/20/2024	Asase, Danilo (Dr.)	Ας (Ισπ,	\$100.00
-	0,20.25			
		1		
		Brownsville, TX 78526		
		pation / Job title (See Instructions)	Employer (See Instructions	us)
D	Doctor			
D	Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
0	9/20/2024	Asistores, Marilyn (Dr.)		\$75.00
		Contributor address; City; State; Zip Code		
		Edinburg, TX 78539		
- Pi	rincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	
	Nincipal occu Doctor			5)
	Date	Full name of contributor out-of-state PA	PAC (ID#-)	Amount of Contribution (\$)
	9/20/2024	Asuage, Juan (Dr.)	Αθ (ΙΒπ,	\$250.00
		Contributor address; City; State; Zip Code		
		McAllen, TX 78504		
		pation / Job title (See Instructions)	Employer (See Instructions	ls)
D	Doctor			
	Date	Full name of contributor out-of-state P/)	Amount of Contribution (\$)
0	9/20/2024	Aude, Wady (Dr.)		\$25.00
		Contributor address; City; State; Zip Code		
		McAllen, TX 78501		
PI	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	
	Doctor			

	The Instruc	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 6/66 Rpt: 9/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Avelino, Arturo (Mr.)				\$83.13
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC	(ID#:)	T	Amount of Contribution (\$)	
	09/20/2024	Badiga, Murthy (Dr.)				\$250.00
		Contributor address; City; State; Zip Code		1		
		Weslaco, TX 78596				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Doctor					
	Date	—	(ID#:)	T	Amount of Contribution (\$)	
	09/20/2024	Barreda Jr., Raul (Dr.)				\$10.00
		Contributor address; City; State; Zip Code]		
		Madlan TV 70500				
┝	Drive sized eacy	McAllen, TX 78503	Errelever (Cao Instruction)			
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions	S)		
╘				-		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	\$10F 00
	09/20/2024	Barrera, Marcos (Mr.)				\$125.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u> د)		
	private busin			5,		
╞			//0//	Т	Amount of Contribution (\$)	
	Date 09/20/2024	Full name of contributor out-of-state PAC Barrera, Richard (Dr.)	(ID#:)		Amount of Contribution (\$)	\$210.31
	001201202	Contributor address; City; State; Zip Code				Ψ210.01
		Continuutor address, City, State, Zip Code				
		Mission, TX 78573				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician	`````	self-employed	,		
⊢	-					

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/66 Rpt: 10/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Bazan, Johnny (Dr.)				\$10.00
	I	6 Contributor address; City; State; Zip Code				
	I					
	I					
		Mission, TX 78572				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor		L			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Bejarano, Jose (Dr.)				\$191.19
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		McAllen, TX 78504				
Γ		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		self-employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Bernini, Juan (Dr.)				\$250.00
	l	Contributor address; City; State; Zip Code				
	I					
	I					
		Mission, TX 78572				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Bose, Ashley (Dr.)				\$50.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		McAllen, TX 78501		Ĺ		
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		L	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Bose, Sarojini (Dr.)				\$1,000.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	McAllen, TX 78501				
\vdash	Dringingl oog	I	Employer (Soo Instructions	<u> </u>		
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
\vdash			L			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/66 Rpt: 11/71	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Border Health PAC				00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/20/2024	09/20/2024 Bracamontes, Yvonne (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code				
		Mission, TX 78572				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Doctor	, , , , , , , , , , , , , , , , , , ,				
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Cadena, Sandra (Ms.))		Amount of Contribution (\$)	\$5.00
	09/20/2024					φ5.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
⊢	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Private Inves		Employer (See Instructions Self-employed	5)		
╘						
	Date)		Amount of Contribution (\$)	
	09/20/2024	Canales, Ricardo (Dr.)				\$200.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Canals, Desi (Dr.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		Mission, TX 78573				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Cantu, Alonzo (Mr.)				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
I	private busin	ess owner				
⊢			I			
1						

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/66 Rpt: 12/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/20/2024	Cantu, David (Mr.)				\$30.00
		6 Contributor address; City; State; Zip Code		1		
2	Drive sized, oppu	McAllen, TX 78504		Ĺ		
8	Principal occu private inves	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	-		<u> </u>	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 200.00
	09/20/2024					\$200.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Dr.	,	- F - 7 - X	,		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Cantu, Melissa (Ms.)	/			\$100.00
	••••	Contributor address; City; State; Zip Code				T
		Pharr, TX 78577				
		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 (\$)	
	09/20/2024	Caporusso, Joseph M. (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Madlan TV 70501				
	Principal occu	McAllen, TX 78501 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ``		
	Doctor			>)		
		Full name of contributor Out-of-state PAC (ID#:	<u> </u>	1	Amount of Contribution (\$)	
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#: Cardenas, Carlos J. (Dr.))			\$1,000.00
	001201202	Contributor address; City; State; Zip Code		•		Ψ1,000.00
		Culturioucul address, City, State, Zip Code				
		McAllen, TX 78501				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					

	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/66 Rpt: 13/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Cardenas, Simon (Mr.)				\$5.00
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private inves	tor				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Carreras, Jose (Dr.)				\$400.00
	• • • • •	Contributor address; City; State; Zip Code				Ŧ ·
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Dr					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Castaneda, Marissa (Ms.)	/			\$50.00
	00,20,212	Contributor address; City; State; Zip Code				+00.22
		Continuation address, City, State, Zip Code				
		Edinburg, TX 78539				
⊢	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 (\$)	
	09/20/2024	Castillo, James (Dr.)			• •	\$57.36
		Contributor address; City; State; Zip Code				
		Harlingen, TX 78550				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Castillo, Melany (Dr.)				\$124.89
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physician					
┢		I				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/66 Rpt: 14/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/20/2024 Cavazos - Salas, Norma (Dr.) \$100.00 6 Contributor address; City; State; Zip Code Mission, TX 78572 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Dr. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 \$1,000.00 Changlani, Mahesh (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/20/2024 Chavez Paz, Juan (Dr.) \$25.00 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician self-employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 \$50.00 Chen, Di (Dr.) Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/20/2024 \$20.00 Cherian, Ally (Ms.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/66 Rpt: 15/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Cooper-Dockery, Dona (Dr.)	,			\$125.00
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
8	Principal occu		Employer (See Instructions)		
ľ	M.D			,		
╞						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	† 00.00
	09/20/2024	Cordoba-Kissee, Michelle (Dr.)				\$20.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	78542					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Coronado Garcia, Aida (Ms.)				\$19.12
		Contributor address; City; State; Zip Code				
		Brownsville, TX 78526				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	private inves	tor				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Cortes, Oscar (Dr.)	/			\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Dr.			,		
⊨	Data				Amount of Contribution (f)	
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢150.00
	09/20/2024					\$150.00
		Contributor address; City; State; Zip Code				
I		McAllon TX 79504				
⊢	Duin 1 1	McAllen, TX 78504	Employed (Contraction)	<u> </u>		
I	_	pation / Job title (See Instructions)	Employer (See Instructions)		
L	Doctor					
1						
1						

				_		
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/66 Rpt: 16/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date 09/20/2024	 5 Full name of contributor out-of-state PAC (ID# Cortinas, Javier (Dr.) 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$250.00
		McAllen, TX 78504				
8	Principal occu Dr.	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
_	Date	Full name of contributor Out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Cruz, Edgar (Dr.)				\$250.00
		Contributor address; City; State; Zip Code McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Daley, Hearther (Dr.)				\$25.00
	ļ	Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Dr.					
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	09/20/2024	De Gorondo Arzamendi, Antonio (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	physician		Self-employed			
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Deanda, David (Mr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78574				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	private inves	tor				

	The Instruc	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 14/66 Rpt: 17/71		
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/20/2024	Del Bosque, Oscar (Mr.)				\$100.00
		Edinburg, TX 78539				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/20/2024	Desai, Parul (Dr.)	/			\$125.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> 5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Divino, Haydee T. (Ms.)	/			\$20.00
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Duran, Alberto (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dr					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Ebreo, Ellie (Ms.)				\$41.56
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/66 Rpt: 18/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date 09/20/2024	 5 Full name of contributor out-of-state PAC (ID#: Echols, Minerva (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
		Pharr, TX 78577				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Esparza, Cristina (Mrs.)				\$5.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Espinoza, Manuel (Dr.)				\$166.25
		Contributor address; City; State; Zip Code				
		Harlingen, TX 78550				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ټ)		
	Doctor			<i>.</i>		
_	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Falcon, Antonio (Dr.))		Amount of Contribution (\$)	\$200.00
	03/20/2024					φ200.00
		Contributor address; City; State; Zip Code				
		Rio Grande, TX 78582				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	Doctor			"		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	+050 00
	09/20/2024	Falcon, Maria Elena (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					

	The Instru	ction Guide explains how to c	omplete this fo	rm.	1	Total pages Schedule A1: Sch: 16/66 Rpt: 19/71	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC				00055547	
4	Date	5 Full name of contributor ou	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Flores, Melissa (Ms.)					\$25.00
		6 Contributor address; City; State; Zi	p Code				
		Edinburg, TX 78542					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>ا</u>		
ľ	private inves				,		
╞	-					Amount of Contribution (¢)	
	Date		ut-of-state PAC (ID#:)		Amount of Contribution (\$)	¢100.00
	09/20/2024	Forse, Armour (Dr.)					\$100.00
		Contributor address; City; State; Zi	p Code				
		McAllen, TX 78503					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	physician						
⊨	Date	Full name of contributor	It-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Francis, Mary (Ms.))			\$114.71
	00/20/2021	Contributor address; City; State; Zi					411 1
		Contributor address, City, State, Zi	p code				
		McAllen, TX 78503					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Doctor						
╞	Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Galindo, Eugenio (Dr.)					\$1,000.00
		Contributor address; City; State; Zi	p Code				
		-					
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Doctor						
	Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Garcia, Carlos (Dr.)					\$1,000.00
		Contributor address; City; State; Zi	p Code				
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Doctor						
I							

	The Instru	ction Guide explains how to con	plete this fo	orm.	1	Total pages Schedule A1: Sch: 17/66 Rpt: 20/71	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC				00055547	
4	Date	5 Full name of contributor out-of	-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Garcia, Cynthia (Dr.)					\$200.00
		6 Contributor address; City; State; Zip C	ode				
		Harlingen, TX 78550					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
	doctor						
⊨	Date	Full name of contributor	-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Garcia, Elvin (Dr.)		/			\$1,000.00
	00/20/2024						φ <u>1</u> ,000.00
		Contributor address; City; State; Zip C	oue				
		Weslaco, TX 78596					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	Dr.				,		
╞		Full name of contributor Out-of	atata DAC (ID//:	、 、		Amount of Contribution (\$)	
	Date 09/20/2024	Garcia, Nancy (Ms.)	-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	09/20/2024						φ20.00
		Contributor address; City; State; Zip C	ode				
		Mission, TX 78572					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions) ;)		
	private inves	,			,		
╞	Date		atata DAC (ID#))		Amount of Contribution (\$)	
	09/20/2024	Garcia, Norma A. (Dr.)	-state PAC (ID#:)			\$250.00
	03/20/2024		a d a				Ψ230.00
		Contributor address; City; State; Zip C	ode				
		McAllen, TX 78503					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	Doctor				,		
╞						Amount of Contribution (f)	
	Date 09/20/2024	Full name of contributor out-of Garcia, Oscar (Dr.)	-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	09/20/2024						ΦΙ,000.00
		Contributor address; City; State; Zip C	ode				
		Mission, TX 78572					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	Doctor				9		
⊢	20000						

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/66 Rpt: 21/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/20/2024	Garcia, Pamela (Ms.)				\$15.00
		6 Contributor address; City; State; Zip Code				
		Mission, TX 78572				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> چ)		
	private inves	tor				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Garcia, Ricardo (Dr.)				\$150.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Doctor			-		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Garcia, Samuel (Dr.)			, where exists a construction (1)	\$250.00
		Contributor address; City; State; Zip Code				T---
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dr.					
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Garcia Lopez, Javier (Mr.)				\$15.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Garrigos, Socrates (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/66 Rpt: 22/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Garza, Edwardo (Mr.)				\$9.56
	1	6 Contributor address; City; State; Zip Code				
	I					
	I					
		McAllen, TX 78504				
8			9 Employer (See Instructions)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Garza, Gavino (Mr.)				\$20.78
	I	Contributor address; City; State; Zip Code				
	I					
	I					
	Di sincheeu	Mission, TX 78572		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Garza, Jaime (Dr.)				\$1,000.00
	I	Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor		, . ,	,		
⊢	Date	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	09/20/2024	Garza, Jesus (Dr.)	/		/cu.it of Containing autors (+)	\$150.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Garza, Joaquin (Mr.)				\$10.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Mission, TX 78572				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	private inves	tor				
I I						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/66 Rpt: 23/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/20/2024 Garza, Jose Rene (Mr.) 6 Contributor address; City; State; Zip Code McAllen, TX 78504 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) private business owner Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 Garza, Kareena (Mrs.) Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/20/2024 Garza, Martin (Dr.) Contributor address; City; State; Zip Code Linn, TX 78563 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 Garza Jr, Ruben (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/20/2024 Gelman, Lawrence (Dr.) Contributor address; City; State; Zip Code mcallen, TX 78503

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

\$1,000.00

\$3.82

\$50.00

\$5.00

\$1,000.00

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/66 Rpt: 24/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
 	09/20/2024	Giraldo, Alvaro (Dr.))	ľ		\$100.00
	09/20/2024					\$100.00
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Dr.					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Gomez, Felipe (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
⊢	Drincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor	pation / Job title (See Instructions))		
	DUCIUI			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Gomez, Juan Pablo (Dr.)				\$200.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
⊨	Data	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	Date)		Amount of Contribution (\$)	¢50.00
	09/20/2024	Gomez, Marco (Mr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Gomez-Martinez, Marissa (Dr.)	······			\$20.00
		Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Ediphura TV 79520				
⊢	Duinciant	Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 22/66 Rpt: 25/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/20/2024 Gonzales, Elizabeth Ann (Ms.) \$3.82 6 Contributor address; City; State; Zip Code Alamo, TX 78516 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 Gonzalez, Ada (Mrs.) \$19.12 Contributor address; City; State; Zip Code Alamo, TX 78516 Principal occupation / Job title (See Instructions) Employer (See Instructions) private business owner Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/20/2024 Gonzalez, Aida (Ms.) \$5.00 Contributor address; City; State; Zip Code Edinburg, TX 78542 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 \$50.00 Gonzalez, Alfredo (Dr.) Contributor address; City; State; Zip Code Pharr, TX 78577 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 09/20/2024 \$1,000.00 Gonzalez, Jaime A. (Mr.) Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) private business owner

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/66 Rpt: 26/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/20/2024	Gonzalez, Jesus (Mr.)				\$25.00
	ļ	6 Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Edinburg, TX 78542				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Gonzalez, Roberto (Dr.)				\$25.00
	1	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		McAllen, TX 78503				
		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Gonzalez Jr, Alfonso (Mr.)				\$10.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	Drinsipal apou	Brownsville, TX 78521		<u> </u>		
	private inves	pation / Job title (See Instructions) tor	Employer (See Instructions	5)		
╘	-					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	*1 000 00
	09/20/2024	Griego, Enrique (Dr.)				\$1,000.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Pharr, TX 78577				
\vdash	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> וו		
	M.D.			"		
╞		Full name of contributor out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (\$)	
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#: Guadarrama, Delisa (Dr.))			\$114.72
	0312012024					Ψ117.12
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Edinburg, TX 78539				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Doctor		, . ,	,		
⊢						

	The Instru	ction Guide explains how to complete th	iis form.	1	Total pages Schedule A1: Sch: 24/66 Rpt: 27/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Guajardo, Maria Ruby (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code		·		
		McAllen, TX 78503				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	doctor					
	Date	Full name of contributor out-of-state PAC	(ID#:)	Τ	Amount of Contribution (\$)	
	09/20/2024	Guardia, Juan A. (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Doctor					
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	09/20/2024	Guerra, Daniel (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code		"		
		McAllen, TX 78501				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	doctor					
	Date	Full name of contributor out-of-state PAC	(ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Guerra, Ernesto (Mr.)				\$76.48
		Contributor address; City; State; Zip Code		"		
		McAllen, TX 78502	i			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	private busin	ess owner				
	Date	Full name of contributor out-of-state PAC	(ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Guerra, R.Marcy (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
\vdash		Edinburg, TX 78541		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Dr.					

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/66 Rpt: 28/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Gummadi, Sarada (Dr.)				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Mission, TX 78572				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Gutierres, Marco (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Gutierrez, Alberto (Dr.)				\$250.00
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Gutierrez, Miguel (Dr.)				\$250.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78501				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dr.					
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Guzman, Eduardo (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
L		Penitas, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 26/66 Rpt: 29/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/20/2024 Haddad, Roberto (Mr.) 6 Contributor address; City; State; Zip Code McAllen, TX 78501 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Private Investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 Haddad, Victor (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/20/2024 Hance, Courtney (Ms.) Contributor address; City; State; Zip Code Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 Harris, Joseph (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor

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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/20/2024	Hensler, Blake (Mr.)		\$25.00
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
private invest	tor		

\$10.00

\$1,000.00

\$5.00

\$10.00

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 27/66 Rpt: 30/71	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Hensler, Monique (Ms.)				\$25.00
		6 Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private inves	tor				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Hernandez, Ambrosio (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		San Juan, TX 78589				
	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 (\$)	
	09/20/2024	Hernandez, Cristela (Dr.)				\$200.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Hernandez, Lisa (Ms.)				\$20.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	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 (\$)	
	09/20/2024	Hernandez, Max (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dr.					

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 28/66 Rpt: 31/71
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Border Health PAC	00055547
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/20/2024 Hinojosa, Martha (Ms.)	\$10.00
6 Contributor address; City; State; Zip Code	
McAllen, TX 78504	
B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
private investor	
	Amount of Contribution (¢)
	Amount of Contribution (\$) \$250.00
	\$250.00
Contributor address; City; State; Zip Code	
McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/20/2024 Honrubia, Dynio (Dr.)	\$100.00
Contributor address; City; State; Zip Code	
McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Dr.	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/20/2024 Honrubia, Vincent (Dr.)	\$1,000.00
Contributor address; City; State; Zip Code	
McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Dr.	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/20/2024 Iglesias, Norma (Dr.)	\$1,000.00
Contributor address; City; State; Zip Code	
McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Doctor	

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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 29/66 Rpt: 32/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	-
4	Date 09/20/2024	5 Full name of contributor out-of-state PAC (ID# Igoa, Jose (Dr.)	:)	7	Amount of Contribution (\$)	\$250.00
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
0	Doctor			5)		
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	09/20/2024	Irigoyen, Fructuoso (Dr.)				\$20.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78501		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date		:)		Amount of Contribution (\$)	
	09/20/2024	Jelinek, Michael T (Dr.)				\$191.19
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
-	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Doctor			5)		
⊨	Date	Full name of contributor out-of-state PAC (ID#		Г	Amount of Contribution (\$)	
	09/20/2024	Jimenez-Flores, Danielle (Dr.)	·/			\$200.00
	00/20/2021	Contributor address; City; State; Zip Code		•		\$200.00
		Contributor address, City, State, Zip Code				
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
⊨	Date	Full name of contributor out-of-state PAC (ID#	:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Joule, Donna-Gail (Dr.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78501				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 30/66 Rpt: 33/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	09/20/2024	Kalaf, Nelson (Dr.)				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		Mcallen, TX 78504	i			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	09/20/2024	Kalantari, Saeed (Mr.)				\$20.78
		Contributor address; City; State; Zip Code				
		Harlingen, TX 78552				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	private inves			,		
_	Date		<u> </u>	Τ	Amount of Contribution (\$)	
	09/20/2024	Full name of contributor out-of-state PAC (ID#: Kanhere, Gauri (Dr.)	:)			\$250.00
	00/20/202 .	Contributor address; City; State; Zip Code		•		Ψ200.00
		Contributor address, Oity, State, Zip Sode				
		Rio Grande, TX 78582				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Ī	Amount of Contribution (\$)	
	09/20/2024	Khademi, Kambiz (Mr.)				\$40.00
		Contributor address; City; State; Zip Code		1		
		MaAllan TV 70502				
	Dringing age	McAllen, TX 78502	Employer (Cap Instructions			
	private inves	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	-			<u> </u>	Amount of Contribution (ft)	
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#: Khan, Muhammad (Dr.)	:)		Amount of Contribution (\$)	\$20.00
	09/20/2024					\$20.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physician					
┢						

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 31/66 Rpt: 34/71
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Border Health PAC	00055547
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/20/2024 Kiani, Gholam (Dr.)	\$1,000.00
6 Contributor address; City; State; Zip Code	
McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions	5)
Doctor	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/20/2024 Kotaki, Mohammad H. (Dr.)	\$250.00
Contributor address; City; State; Zip Code	
McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Employer (See Instructions	6)
Doctor	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/20/2024 Lares, Irene (Ms.)	\$10.00
Contributor address; City; State; Zip Code	
Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Employer (See Instructions	5)
private investor	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/20/2024 Lazaro, Fernando (Mr.)	\$250.00
Contributor address; City; State; Zip Code	
McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Employer (See Instructions	5)
private investor	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/20/2024 Leal, Ramiro (Dr.)	\$50.00
Contributor address; City; State; Zip Code	
McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Employer (See Instructions	I S)
Doctor	·

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/66 Rpt: 35/71	
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Health PAC				00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Ledesma, Raul (Dr.)				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Lema, Rodrigo (Dr.)				\$200.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Lerma Jr., Ricardo (Mr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Mercedes, TX 78570				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Levine, Lyuba (Dr.)				\$103.91
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504	<u> </u>			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor		-		
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Limas, Flor (Dr.)				\$57.36
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504	i			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					

SCHEDULE	A1
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The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 33/66 Rpt: 36/71	
2 FILER NAME	IF			Filer ID (Ethics Commissio	on Filers)
Border Heal				00055547)
4 Date	Date 5 Full name of contributor Image: out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	
09/20/2024	Lin, Rick (Dr.)				\$25.00
	6 Contributor address; City; State; Zip Code		1		
	McAllen, TX 78504				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Doctor					
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
09/20/2024	Linan, Enrique (Dr.)				\$25.00
	Contributor address; City; State; Zip Code		1		
	Mission, TX 78572				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Doctor					
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
09/20/2024	Lineberger, Dale (Mr.))			\$1,000.00
03/20/2024					φ1,000.00
	Contributor address; City; State; Zip Code				
	Manchaca, TX 78652				
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions)		5)		
private inves	stor				
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
09/20/2024	Lizcano, Mario (Mr.)				\$5.00
	Contributor address; City; State; Zip Code		1		
	McAllen, TX 78501				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
private inves	stor				
Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
09/20/2024	Loggiodice, Nelson (Mr.))			\$30.00
00/20/2021	Contributor address; City; State; Zip Code		ł		400.00
	Contributor address, City, State, Zip Code				
	Pharr, TX 78577				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
private inves			,		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 34/66 Rpt: 37/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/20/2024 Loja, Wilmer (Dr.) \$100.00 6 Contributor address; City; State; Zip Code McAllen, TX 78503 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Dr. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 Lopez, Jose (Dr.) \$62.35 Contributor address; City; State; Zip Code Palmhurst, TX 78573 Principal occupation / Job title (See Instructions) Employer (See Instructions) doctor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/20/2024 Lopez, Pamela (Ms.) \$25.00 Contributor address; City; State; Zip Code Pharr, TX 78577 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 \$100.00 Lopez Jr., Alfredo (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/20/2024 \$250.00 Lozano, Rodolfo (Dr.) Contributor address; City; State; Zip Code Mission, TX 78574 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr.

The	Instrue	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 35/66 Rpt: 38/71	
2 FILEF	R NAME			3	Filer ID (Ethics Commissio	on Filers)
Bord	ler Healt	h PAC			00055547	-
4 Date		5 Full name of contributor out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
09/20	0/2024	Lozano, Sergio (Mr.)				\$25.00
		6 Contributor address; City; State; Zip Code				
		Weslaco, TX 78596				
8 Princi	inal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	ate inves					
Date		Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
09/20	0/2024	Mabulac, Deborah (Ms.)				\$20.00
		Contributor address; City; State; Zip Code				
Duinai		Edinburg, TX 78541				
	ate inves	pation / Job title (See Instructions)	Employer (See Instructions	S)		
				<u> </u>		
Date		Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	# 10.00
09/20	0/2024	Malcolm , Javier Barney (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
Princi	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
priva	ate inves	tor				
Date		Full name of contributor out-of-state PAC (ID#		Γ	Amount of Contribution (\$)	
09/20	0/2024	Mangi, Salil (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Dr.						
Date		Full name of contributor out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
09/20	0/2024	Mangoo-Karim, Robert (Dr.)				\$125.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
Princi	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	 s)		
Doct				-,		

SCHEDULE	A1
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F	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/66 Rpt: 39/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/20/2024	Manoharan, Paulrajan (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Manrique, Carlos (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Marichalar, Luis (Mr.)				\$50.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Private Inves	stor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Marina, Jose Mario (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78573				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physician					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Marquez, Luis A. (Mr.)				\$5.00
		Contributor address; City; State; Zip Code				
L		Harlingen, TX 78552				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1:	
L					Sch: 37/66 Rpt: 40/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt				00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Martinez, Ricardo (Dr.)				\$250.00
		6 Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor		Self-employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Mata, Nelson (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dr.					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Mathavan, Rajeen (Dr.)				\$38.24
		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 (\$)	
	09/20/2024	McNutt, Kimberly (Ms.))			\$25.00
	00/20/2024	· · · ·				Q20.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	private inves			-)		
╞	-			<u> </u>	Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢1 000 00
	09/20/2024					\$1,000.00
		Contributor address; City; State; Zip Code				
⊢	Duin sin 1	McAllen, TX 78501	Freelower (Co. 1. 1. 1.	<u> </u>		
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
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SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/66 Rpt: 41/71	
2	FILER NAME			3	Filer ID (Ethics Commission	nn Filers)
-	Border Healt	h PAC		ľ	00055547	
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/20/2024	Medina, Javier (Dr.)				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		Mission, TX 78574				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	M.D.					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Medina, Lorena (Ms.)				\$5.00
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Medina, Martha Carmen (Ms.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Medina, Melecio (Dr.)				\$40.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physician			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Mego, Carlos (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					

SCHEDULE	A1
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SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/66 Rpt: 43/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/20/2024	Milov, Simon (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code				
	ļ					
		Harlingen, TX 78552				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Mirmohammadi, Rowena (Ms.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		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 (\$)	
	09/20/2024	Mitchell, Jo Ann (Dr.)				\$9.56
	1	Contributor address; City; State; Zip Code		ĺ		
	ļ					
	ļ					
		McAllen, TX 78502		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Mohamed, Samira (Dr.)				\$50.00
	ſ	Contributor address; City; State; Zip Code				
	ľ					
	ľ	McAllen, TX 78504				
_	Dringinglogg		Employer (See Instructions	<u> </u>		
	Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀንርስ ስስ
	09/20/2024	Mohme, Ruben (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
	ļ	McAllen, TX 78504				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor			"		
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SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 41/66 Rpt: 44/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Montes, Jorge A. (Dr.)				\$25.00
		6 Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Montes, Laura (Dr.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Morales, Carlos E (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 15.00
	09/20/2024	Moreno, Juan (Mr.)				\$15.00
		Contributor address; City; State; Zip Code				
		Alton, TX 78574				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	private inves			<i>)</i>		
╞	-			<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	09/20/2024	Moreno, Leonel (Dr.)				φ250.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78503				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
1	Doctor			,		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 42/66 Rpt: 45/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 5 Full name of contributor 4 out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/20/2024 Mulukutla, Surya Narayan (Dr.) \$50.00 6 Contributor address; City; State; Zip Code Edinburg, TX 78539 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) physician Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 Munoz, Roberto (Dr.) \$124.89 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/20/2024 Nagaraj, Namitha (Dr.) \$25.00 Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 \$275.00 Nunez, Zoraly (Ms.) Contributor address; City; State; Zip Code McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 09/20/2024 \$8.31 Ochoa, Esmeralda (Mrs.) Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/66 Rpt: 46/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
-	09/20/2024	Ochoa, Kristy (Ms.)	/	-	(1)	\$10.00
		6 Contributor address; City; State; Zip Code				+20100
		Contributor address, City, State, Zip Code				
		Mission, TX 78572				
8	Princinal occu		9 Employer (See Instructions	<u> </u> ວ		
	private inves	· · · · · · · · · · · · · · · · · · ·		,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Ogunlana, Victor (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
	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 (\$)	
	09/20/2024	Ohabor, Chioma (Ms.)				\$50.00
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Private Inves	stor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Ohabor, Constantine (Ms.)				\$10.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Private Inves	stor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Olgin, Gaudencio (Dr.)				\$125.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physician					

SCHEDULE	A1
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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/66 Rpt: 47/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Oliveira, Noel E (Dr.)				\$250.00
		6 Contributor address; City; State; Zip Code				
		Mission, TX 78572				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Doctor					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Orfanos, John (Dr.)				\$200.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Doctor					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Otero, Fernando (Dr.)				\$1,000.00
						-
		mcallen, TX 78502				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Owen, Kip (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Ozuna, Ronnie (Mr.)				\$9.56
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	private inves	tor				
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SCHEDULE	A1
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	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 45/66 Rpt: 48/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Padilla, Maritza (Ms.)				\$41.56
		6 Contributor address; City; State; Zip Code				
	Drineirel eeu	Weslaco, TX 78599				
8	private inves		9 Employer (See Instructions)		
╘	-					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Palacios, Esteban (Mr.)				\$50.00
	Contributor address; City; State; Zip Code					
		Ediabura TV 70540				
\vdash	Drineirel eeu	Edinburg, TX 78540				
	private inves	pation / Job title (See Instructions)	Employer (See Instructions)		
	-					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024					\$75.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician			,		
⊢	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Palimar, P (Dr.)				\$1,000.00
	00/20/2021	Contributor address; City; State; Zip Code				<i>41,000.00</i>
		Contributor address, City, State, Zip Code				
		McAllen, TX 78504				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Dr.					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Pechero, Guillermo (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Dr.					
\vdash						

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	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 46/66 Rpt: 49/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date 09/20/2024	 5 Full name of contributor out-of-state PAC (ID# Pena, Diamantina (Ms.) 6 Contributor address; City; State; Zip Code 	<u></u>)	7	Amount of Contribution (\$)	\$1,000.00
		Mcallen, TX 78504				
8	Principal occu private inves	pation / Job title (See Instructions) tor	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	09/20/2024	Pena, Priscilla (Ms.)				\$5.00
		Contributor address; City; State; Zip Code Mission, TX 78574				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#		Γ	Amount of Contribution (\$)	
	09/20/2024	Pena, Victor (Mr.)				\$5.00
		Contributor address; City; State; Zip Code Mission, TX 78574				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	09/20/2024	Peralez, Rosie (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu Private Inves	pation / Job title (See Instructions) stor	Employer (See Instructions	s)		
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	09/20/2024	Perez, Ernie (Mr.) Contributor address; City; State; Zip Code				\$25.00
		McAllen, TX 78502-5360				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	private busin	ess owner				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 47/66 Rpt: 50/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/20/2024 Perez, Florencia \$100.00 6 Contributor address; City; State; Zip Code McAllen, TX 78503 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 \$50.00 Perez, Francisco (Dr.) Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/20/2024 Perez, Guillermo (Dr.) \$1,000.00 Contributor address; City; State; Zip Code McAllen, TX 78501 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 Perez, Nina (Ms.) \$10.00 Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 09/20/2024 \$28.68 Peynado, Herrietta (Ms.) Contributor address; City; State; Zip Code Mercedes, TX 78570 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor

SCHEDULE	A1
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	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 48/66 Rpt: 51/71	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	Border Healt	h PAC			00055547	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/20/2024	Pierre-Louise, Michael (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code				
		Mission, TX 78572				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>.</u> 5)		
	Physician		Self-employed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Pillai, Revi (Mr.))		/	\$9.56
	Contributor address; City; State; Zip Code				+0.00	
		Contributor address, City, State, Zip Code				
		McAllen, TX 78504				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	private inves			,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Prieto-Harris, Roberto (Dr.)	/		Allount of Contribution (4)	\$50.00
	00/20/202 .			-		400.00
		Contributor address, City, State, Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Puttagunta, Sobha (Ms.)				\$10.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Quach, Tin (Dr.)				\$5.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	private inves	tor				
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SCHEDULE	A1
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	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 49/66 Rpt: 52/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Rafols, Rafael (Dr.)				\$25.00
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
		elf-employeed				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Ramirez, Luis (Dr.)	/		/ouni or oonunsuuon (+)	\$100.00
		Contributor address; City; State; Zip Code				+_00.00
		Contributor address, City, State, Zip Code				
		Mission, TX 78572				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor			,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	·		Amount of Contribution (\$)	
	09/20/2024	Ramos, Thelma (Ms.)	/			\$15.00
	05/20/2024					φ10.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	private busin					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Rangel, Soraya (Mr.)	/		(1)	\$5.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	private inves	tor				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Rao, Yohan (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	private inves	tor				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 50/66 Rpt: 53/71
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Border Healt	h PAC		00055547
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/20/2024	Reddy, Vangala J (Dr.)		\$200.0
	6 Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
8 Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions)
Doctor	· · · · · · · · · · · · · · · · · · ·		, ,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/20/2024	Rios, Adriana (Ms.))	\$10.0 \$10.0
05/20/2024			\$10.0
	Contributor address; City; State; Zip Code		
	Weslaco, TX 78599		
Dringingl occu	pation / Job title (See Instructions)	Employer (See Instructions))
private inves)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/20/2024	Rios Jr, Jesus (Mr.)		\$250.0
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
	pation / Job title (See Instructions)	Employer (See Instructions)
private inves	tor		
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/20/2024	Rivera, Jaime (Ms.)		\$3.8
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
private inves	tor		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/20/2024	Rivera, Jennifer (Ms.)	· · · · · · · · · · · · · · · · · · ·	\$10.0
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
private inves			

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	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 51/66 Rpt: 54/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/20/2024	Robalino, Benjamin (Dr.)				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Robles, Luis H. (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Brownsville, TX 78520				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	09/20/2024	Rodriguez, Edgar (Dr.))		/ modilit of Continoution (+)	\$100.00
						+_00.00
		Contributor address, City, State, Zip Code				
		Edinburg, TX 78539				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Physician			,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	09/20/2024	Rodriguez, Maria (Ms.))			\$10.00
	05/20/2024					φ10.00
		Contributor address; City; State; Zip Code				
		Weslaco, TX 78596				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	private inves			,		
╞				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#FO 00
	09/20/2024	Rodriguez, Ofelia (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Mcallen, TX 78504		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
1						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 52/66 Rpt: 55/71	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Border Healt	th PAC		00055547	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/20/2024	Rodriguez, Sergio (Dr.)			\$18.75
	6 Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/20/2024	Rodriguez-Ayala, Heriberto (Dr.)			\$62.35
	Contributor address; City; State; Zip Code			
	McAllen, TX 78502			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/20/2024	Rodriguez-Rico, Daniella (Dr.)			\$229.43
	Contributor address; City; State; Zip Code			
Di indaan	Mission, TX 78572	(2.5.5 kastaustisus	、	
Principal occu Doctor	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷1 000 00
09/20/2024	Ruiz, Henry (Dr.)			\$1,000.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
Doctor)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/20/2024	Ruiz, Rosalva (Ms.)	/		\$10.00
00,20,202.	Contributor address; City; State; Zip Code			Ψ10.00
	Continuation address, City, State, Lip Code			
	Pharr, TX 78577			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
private inves			,	
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SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 53/66 Rpt: 56/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/20/2024	Saenz, J.J (Dr.)				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Saenz, Javier (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Doctor					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Saenz, Jennifer (Ms.)				\$25.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	private inves	tor				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Saenz, Jessica (Ms.)				\$25.00
		Contributor address; City; State; Zip Code				
		Mcallen, TX 78502				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Saenz, Vanessa (Ms.)				\$10.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78541				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	private inves	tor				
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	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 54/66 Rpt: 57/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
	09/20/2024	Saffels, Nathan (Mr.)				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private inves	tor				
F	Date	Full name of contributor out-of-state PAC (ID	#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Safir, Larry (Mr.)				\$1,000.00
				1		
		Mcallen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
F	Date	Full name of contributor out-of-state PAC (ID	#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Saladino, Nicole (Ms.)				\$5.00
		Contributor address; City; State; Zip Code		1		
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID	#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Salazar, Juan J. (Dr.)				\$250.00
		Contributor address; City; State; Zip Code		1		
		Mission, TX 78572				
	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 (\$)	
	09/20/2024	Saldivar, Aida (Ms.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
			· ·			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 55/66 Rpt: 58/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/20/2024 Salinas, Annabelle (Ms.) \$5.00 6 Contributor address; City; State; Zip Code McAllen, TX 78501 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 \$150.00 Salinas, Mariano (Dr.) Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr. Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/20/2024 Salinas, Miguel A. (Mr.) \$9.56 Contributor address; City; State; Zip Code McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 Salinas, Samuel (Mr.) \$10.00 Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:______ 09/20/2024 \$125.00 Sanchez, Elisa Garza (Dr.) Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) doctor

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 56/66 Rpt: 59/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:))	7	Amount of Contribution (\$)	
	09/20/2024	Sanchez, Richard (Dr.)				\$166.25
		6 Contributor address; City; State; Zip Code		1		
		McAllen TY 79504				
-	Drinoinal agou	McAllen, TX 78504 pation / Job title (See Instructions)	• Employer (See Instructions	<u> </u>		
Ů	doctor		9 Employer (See Instructions	>)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Sandoval, Gilberto (Mr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Brownsville, TX 78520				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Sandoval, Oscar (Mr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Edcouch, TX 78538				
	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 (\$)	
	09/20/2024	Sarmiento Cano, Juan P. Javier (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Seas, Manuel (Dr.)				\$250.00
		Contributor address; City; State; Zip Code		1		
	<u> </u>	McAllen, TX 78504		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 57/66 Rpt: 60/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor Out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	09/20/2024	Serna, Samuel (Dr.)	····,	[(*)	\$100.00
		6 Contributor address; City; State; Zip Code		ł		,
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	doctor			,		
⊨	Date	Full name of contributor Out-of-state PAC (II		Г	Amount of Contribution (\$)	
	09/20/2024	Shuaib, Tawid (Dr.)	σπ)			\$1,000.00
	00/20/2024			ł		φ <u>1</u> ,000.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor			<i>.</i>		
⊨	Date	Full name of contributor Out-of-state PAC (II)	Г	Amount of Contribution (\$)	
	09/20/2024	Siberman, Herschi (Dr.)	σπ)			\$200.00
	00/20/2021			•		¢200.00
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (II	D#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Siedow, Stephen (Dr.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physician					
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	09/20/2024	Sifuentes, Pamela (Ms.)				\$15.00
		Contributor address; City; State; Zip Code		1		
		Weslaco, TX 78596				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
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	The Instru	ction Guide explains how to complet	te this f	orm.	1	Total pages Schedule A1: Sch: 58/66 Rpt: 61/71	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC				00055547	/
4	Date	5 Full name of contributor out-of-state	PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/20/2024	Singh, Manish (Dr.)					\$250.00
		6 Contributor address; City; State; Zip Code					
		McAllen, TX 78503					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Doctor				-		
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Solis, Hilda (Ms.)					\$25.00
		Contributor address; City; State; Zip Code					
		Manlan TV 70501					
<u> </u>	Principal occu	McAllen, TX 78501 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	private inves			Employer (See Instructions	5)		
╞					1		
	Date		PAC (ID#:_)		Amount of Contribution (\$)	ቀንርስ ስስ
	09/20/2024	Soto, Hector (Dr.)					\$250.00
		Contributor address; City; State; Zip Code					
		McAllen, TX 78503					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Doctor				,		
╞	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Sustaita, Raul (Mr.)	17.0 (.2			, and an en estimation (\$25.00
	•••••	Contributor address; City; State; Zip Code					
		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 (\$)	
	09/20/2024	Swarup, Jyothi (Dr.)					\$100.00
		Contributor address; City; State; Zip Code					
		McAllen, TX 78504					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Doctor						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 59/66 Rpt: 62/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Tamez, Daniel (Mr.)				\$3.82
		6 Contributor address; City; State; Zip Code				
		Alton, TX 78573				
8			9 Employer (See Instructions)		
	private inves	tor				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Tey, Alejandro (Dr.)				\$250.00
	1	Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	M.D.					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Tharp, Maribel (Ms.)				\$15.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	Driveinel eeeu	Mission, TX 78572		Ĺ		
	principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
	-					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷00.00
	09/20/2024	Tijerina, Erica (Ms.)				\$20.00
		Contributor address; City; State; Zip Code				
	ļ	Pharr, TX 78577				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	private inves			9		
⊨					Amount of Contribution (\$)	
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#: Tovar, Sandra (Ms.))			\$10.00
	0312012024					Φ10.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		McAllen, TX 78504				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	private inves			,		
⊢		<u> </u>				

	The Instrue	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 60/66 Rpt: 63/71		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Trejo, Jose (Mr.)				\$250.00
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
	private busin	less owner				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Trevino, Ernesto	/			\$250.00
	00/20/2024					\$200.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor			<i>•</i>)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Trevino, Kyara J. (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
		La Joya, TX 78560				
		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 (\$)	
	09/20/2024	Turley, Susan (Mrs.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	private busin	ess owner				
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Twahiwa, Marcel (Dr.)	/			\$250.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
	Doctor		, . <u>,</u>	,		
⊢						

The Inst	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 61/66 Rpt: 64/71	
2 FILER NAM	 1E		3 Filer ID (Ethics Commission	Filers)
Border He	alth PAC		00055547	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/20/202				\$50.00
	6 Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
8 Principal or	cupation / Job title (See Instructions)	9 Employer (See Instructions)	;)	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
09/20/202	4 Valladares, Teresa (Dr.)			\$100.00
Contributor address; City; State; Zip Code				
	Mission, TX 78572			
Principal or	cupation / Job title (See Instructions)	Employer (See Instructions)	;)	
M.D				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/20/202	— —			\$250.00
	Contributor address; City; State; Zip Code			
	Rio Grande , TX 78582			
-	cupation / Job title (See Instructions)	Employer (See Instructions)	;)	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/20/202	4 Veeramachaneni, Ravindra (Dr.)			\$25.00
1	Contributor address; City; State; Zip Code			
1				
1				
	Mission, TX 78572			
	ccupation / Job title (See Instructions)	Employer (See Instructions)	<i>;</i>)	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/20/202	4 Vela, Carlos Ian (Mr.)			\$166.93
1	Contributor address; City; State; Zip Code			
1				
1				
	Edinburg, TX 78539			
	cupation / Job title (See Instructions)	Employer (See Instructions)	;)	
private inv	estor			
1				

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 62/66 Rpt: 65/71	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Border Heal				00055547	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
09/20/2024	Vela, Efraim (Dr.)				\$250.00
	6 Contributor address; City; State; Zip Code		1		
	McAllen, TX 78503	- · · · · · · · · ·	Ļ		
8 Principal occu Doctor	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Date	Full name of contributor Out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
09/20/2024	Vela, Oscar Rene (Mr.)				\$10.00
	Contributor address; City; State; Zip Code		•		·
	Edinburg, TX 78539				
Principal occupation / Job title (See Instructions) Employer (See Instructions			s)		
Private inve	stor				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/20/2024	Vela, Susana (Ms.)				\$10.00
	Contributor address; City; State; Zip Code		1		
Mission, TX 78572					
	Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor				
-			.		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/20/2024	Velazquez, Orlando (Mr.)				\$10.00
	Contributor address; City; State; Zip Code				
	Mission, TX 78572				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
private inves			5)		
· ·			1	tt -f Ω(hution (Φ)	
Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	\$10.00
09/20/2024	Velazquez, Rolando (Mr.)				ΦΤΟ'ΟΟ
	Contributor address; City; State; Zip Code				
	Raymondville, TX 78580				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L S)		
private inves			,		
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SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 63/66 Rpt: 66/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	th PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2024	Vera, Eloy (Mr.)				\$100.00
		6 Contributor address; City; State; Zip Code				
		Rio Grande City, TX 78582				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> چ)		
	private inves					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Villarreal, Rose Maria (Ms.)				\$250.00
	Contributor address; City; State; Zip Code					·
		McAllen, TX 78504				
	Principal occupation / Job title (See Instructions) Employer (See Instruction					
	private inves	stor				
	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	
	09/20/2024	Villarreal, Veronica (Ms.)				\$249.38
		McAllen, TX 78504				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	stor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Villarreal, Victor (Dr.)				\$90.00
		Contributor address; City; State; Zip Code				
		Pharr, TX 78577				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Villegas, Gustavo (Mr.)				\$83.13
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	stor				

SCHEDULE	41
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	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 64/66 Rpt: 67/71		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/20/2024	Villescas III, Gavino M. (Mr.)				\$62.35
		6 Contributor address; City; State; Zip Code				
		San Juan, TX 78589				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Viswamitra, Saroje (Dr.)	/			\$1,000.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor					
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Walker, Ray (Mr.)	/			\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private business owner					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2024	Wang, Ann (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Palmhurst, TX 78573				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Webb, James (Mr.)				\$62.50
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	private busin	ess owner				
I I						

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 65/66 Rpt: 68/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (IDa)#:)	7	Amount of Contribution (\$)	
	09/20/2024	Wilson, Teresa (Dr.)				\$50.00
	ļ	6 Contributor address; City; State; Zip Code		1		
		1				
		1				
		McAllen, TX 78504				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Doctor					
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)	Γ	Amount of Contribution (\$)	
	09/20/2024	Woloski, Deborah (Ms.)				\$20.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ	1				
	ļ					
		Mission, TX 78572		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	private inves					
	Date	Full name of contributor out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	09/20/2024	Wong, Antonio (Dr.)				\$250.00
	ļ	Contributor address; City; State; Zip Code				
	ļ	1				
	ļ	Madlan TV 70E04				
	Dringing occu	McAllen, TX 78504	Employer (See Instructions	<u> </u>		
	Doctor	pation / Job title (See Instructions)		5)		
				.		
	Date	Full name of contributor out-of-state PAC (ID:)#:)		Amount of Contribution (\$)	ቀንፍ በበ
	09/20/2024	Yanez, Sandra (Ms.)				\$25.00
	ļ	Contributor address; City; State; Zip Code				
	ļ	1				
	ļ	Alton, TX 78573				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	private inves			-,		
-	Date	Full name of contributor out-of-state PAC (IDa		Т	Amount of Contribution (\$)	
	09/20/2024	Yarra, Subbarao (Dr.)	!#t)			\$100.00
	00,20,202	Contributor address; City; State; Zip Code				Ψ±•••••
	ļ					
	ļ	1				
	ļ	McAllen, TX 78504				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor	• •				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 66/66 Rpt: 69/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **Border Health PAC** 00055547 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 09/20/2024 \$250.00 Zamir, Asif (Dr.) 6 Contributor address; City; State; Zip Code Mission, TX 78572 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 \$10.00 Zamora, Maria Luisa (Ms.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/20/2024 Zayed, Fuad (Dr.) \$75.00 Contributor address; City; State; Zip Code Alton, TX 78573 Principal occupation / Job title (See Instructions) Employer (See Instructions) physician self-employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)
1 Tatal was a Oak a dula 51	· · ·	i
1 Total pages Schedule F1: Sch: 1/1 Rpt: 70/71	Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date	5 Payee name	•
09/23/2024	Alamia, Luis (Mr.)	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 1508 Vance	
Expenditure from corporate funds	Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	ption tek if travel outside of Texas. Complete Schedule T. tek if Austin, TX, officeholder living expense ibution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought ¹ Alamia, Luis (Mr.)	Office held Edinburg CISD trustee - Place 4
Date	Payee name	
09/17/2024	Martinez, Armando (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	914 W. Pike Blvd	
Expenditure from corporate funds	Weslaco, TX 78596	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
OF EXPENDITURE	Contributions/Donations Made By Chee Candidate/Officeholder/Political Committee	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense ibution
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought ¹ Martinez, Armando (Rep.)	Office held State Representative District 39

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

Sch: 1/1 Rpt: Border Health PAC 00055547 Date 5 Payee name 5 09/10/2024 Shelia Jackson Lee Memorial Fund 6719 West Montgomery 6719 West Montgomery 10,000.00 Expenditure from corporate funds Houston, TX 77091 Image: Corporate funds		The Instruction Guide explains how to	complete this form.
09/10/2024 Shelia Jackson Lee Memorial Fund Amount (\$) 7 Payee Address; City; State; Zip 10,000.00 6719 West Montgomery Houston, TX 77091 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) Oate Payee name Water Tower Village, Ltd Mcallen, TX 7802 (b) Description (See instructions regarding type of information required.) Date Payee Address; City; State; Zip 5221 N McColl Road (b) Description (See instructions regarding type of information required.) Office Overhead/Rental Expense (b) Description (See instructions regarding type of information required.) Optice Overhead/Rental Expense (b) Description (See instructions regarding type of information required.) Office Overhead/Rental Expense (b) Description (See instructions regarding type of information required.) Office Payee name Og9/16/2024 vamos scholarship (b) Description (See instructions regarding type of information required.) Optice Overhead/Rental Expense So(000.00 Bol N. Main (b) Description (See instructions regarding type of information required.) Optopotate funds	Sch: 1/1 Rpt:	Border Health PAC	
10,000.00 6719 West Montgomery Expenditure from corporate funds Houston, TX 77091 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) donation (b) Description donation (See instructions regarding type of information required.) donation Date 09/03/2024 Payee name Water Tower Village, Ltd Houston, TX 78502 Amount (\$) Payee Address; 5221 N McColl Road City; State; Zip 5221 N McColl Road Expenditure from corporate funds Mcallen, TX 78502 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of information required.) office rental/lease expenditure Date Payee name 09/16/2024 Vamous scholarship Amount (\$) Payee name vamos scholarship Soo N. Main Expenditure from corporate funds McAllen, TX 78501 (b) Description (See instructions regarding type of information required.) officio porate funds PURPOSE OF (a) Category (See instructions for examples of acceptable categories) OF (b) Description (See instructions regarding type of information required.) Donation			
PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) donation (b) Description donation (See instructions regarding type of information required.) donation Date 09/03/2024 Payee name Water Tower Village, Ltd (b) Description donation (See instructions regarding type of information required.) Amount (\$) Payee Address; 5221 N McColl Road City; State; Zip 5221 N McColl Road (b) Description Mcallen, TX 78502 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description office rental/lease expenditure Date OF EXPENDITURE Payee name vamos scholarship (b) Description office rental/lease expenditure Date 09/16/2024 Payee name vamos scholarship (b) Description office rental/lease expenditure Amount (\$) Payee Address; 800 N. Main City; State; Zip 800 N. Main Expenditure from corporate funds McAllen, TX 78501 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Donation (b) Description (See instructions regarding type of information required.) Donation	10,000.00 Expenditure from	6719 West Montgomery	
09/03/2024 Water Tower Village, Ltd Amount (\$) Payee Address; City; State; Zip 1,331.25 5221 N McColl Road Expenditure from corporate funds Mcallen, TX 78502 PURPOSE eXPENDITURE (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of information required.) office rental/lease expenditure Date 09/16/2024 Payee name vamos scholarship	PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	
L,331.25 Expenditure from corporate funds Mcallen, TX 78502 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of information required.) office rental/lease expenditure Date Payee name office 2024 vamos scholarship Amount (\$) Payee Address; City; State; Zip S0,000.00 Expenditure from corporate funds McAllen, TX 78501 (b) Description (See instructions regarding type of information required.) Donation PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) Donation	09/03/2024	Water Tower Village, Ltd Payee Address; City; State; Zip	
OF EXPENDITURE Office Overhead/Rental Expense office rental/lease expenditure Date Payee name 09/16/2024 vamos scholarship Amount (\$) Payee Address; City; State; Zip 30,000.00 800 N. Main Expenditure from corporate funds McAllen, TX 78501 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) Donation Donation Donation Donation			
09/16/2024 vamos scholarship Amount (\$) Payee Address; City; State; Zip 30,000.00 800 N. Main Expenditure from corporate funds McAllen, TX 78501 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Donation (b) Description Donation	OF		
30,000.00 800 N. Main Expenditure from corporate funds McAllen, TX 78501 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Donation (b) Description Donation (See instructions regarding type of information required.)			
Corporate funds McAllen, TX 78501 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Donation (b) Description Donation (See instructions regarding type of information required.)	30,000.00	800 N. Main	
	_ corporate funds PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	•