

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| The MPAC Instruction Guide explains how to complete this form.                     |  | 1 Filer ID<br>(Ethics Commission Filers)<br>00055547   |  | 2 Total pages filed:<br>73  |  |
| 3 COMMITTEE NAME<br>Border Health PAC  |  |  |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>11/25/2024<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |  |
| 4 COMMITTEE ADDRESS<br><input type="checkbox"/> Change of Address                  |  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>612 W. Nolana, Ste. 340<br>McAllen, TX 78504  |  |   |  |
| 5 CAMPAIGN TREASURER NAME  |  | MS / MRS / MR FIRST MI<br>Mr. Ernie<br>NICKNAME LAST SUFFIX<br>Perez   |  |   |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)                        |  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>612 W. Nolana, Ste. 340<br>McAllen, TX 78504  |  |   |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS<br><input type="checkbox"/> Change of Address |  | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>612 W. Nolano, Ste. 340<br>McAllen, TX 78504   |  |   |  |
| 8 CAMPAIGN TREASURER PHONE   |  | AREA CODE PHONE NUMBER EXTENSION<br>(956) 994-9757   |  |   |  |
| 9 REPORT TYPE  |  | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)  |  |   |  |
| 10 MONTHLY REPORT FILING DEADLINE  |  | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input checked="" type="checkbox"/> November 5<br><input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 |  |   |  |
| 11 PERIOD COVERED  |  | Month Day Year<br>09/26/2024   |  | THROUGH Month Day Year<br>10/25/2024  |  |

GO TO PAGE 2

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>Border Health PAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00055547 |
|---|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |   |               |
|-------------------------------|---|---------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00       |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 65,682.95  |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 0.00       |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 20,000.00  |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 562,743.90 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 0.00       |

**16 AFFIDAVIT**

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

Mr. Ernie Perez  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - MPAC

|   |  |   |
|---|--|---|
| <b>17 COMMITTEE NAME</b><br>Border Health PAC |  | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00055547 |
| <b>19 SCHEDULE SUBTOTALS</b>                  |  | <b>SUBTOTAL AMOUNT</b>                                    |
|   | NAME OF SCHEDULE   |   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 65,682.95  |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                   | \$  |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                    | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION      | \$  |
| 6.  | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                          | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                      | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                      | \$  |
| 9.  | <input type="checkbox"/> SCHEDULE E: LOANS   | \$  |
| 10.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 20,000.00  |
| 11.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$  |
| 12.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                             | \$  |
| 13.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$  |
| 14.   | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$ 47,193.50  |
| 15.   | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 508.23   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/66 Rpt: 4/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547 |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ilinas-Cepeda, Jose Alejandro (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$80.00      |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>physician |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Aboujamous, Riad (Mr.)                       | Amount of Contribution (\$)<br><br>\$25.00               |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private investor   |  | Employer (See Instructions)                              |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Abreu, Charity (Dr.)                         | Amount of Contribution (\$)<br><br>\$250.00              |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor             |  | Employer (See Instructions)                              |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Agapito, Adrian (Dr.)                        | Amount of Contribution (\$)<br><br>\$8.31                |
|   | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)<br>Self-employed             |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ahmed, Adnam (Dr.)                           | Amount of Contribution (\$)<br><br>\$100.00              |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)<br>Self-employed             |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/66 Rpt: 5/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547 |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Alam, Golam (Dr.) | <b>7</b> Amount of Contribution (\$) \$20.00             |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor       |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Alexander, Justin (Mr.)    | Amount of Contribution (\$) \$20.78                      |
| Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78550        |  |  |
| Principal occupation / Job title (See Instructions)<br>private investor      |  | Employer (See Instructions)                              |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Alhroob, Assad (Dr.)       | Amount of Contribution (\$) \$20.00                      |
| Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539         |  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                |  | Employer (See Instructions)                              |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ali, Sardar (Mr.)          | Amount of Contribution (\$) \$50.00                      |
| Contributor address; City; State; Zip Code<br><br>Mission, TX 78572          |  |  |
| Principal occupation / Job title (See Instructions)<br>Private investor      |  | Employer (See Instructions)<br>self employed             |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Aliseda, Ernest (Mr.)      | Amount of Contribution (\$) \$125.00                     |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504          |  |  |
| Principal occupation / Job title (See Instructions)<br>Private Investor      |  | Employer (See Instructions)<br>Self-employed             |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/66 Rpt: 6/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547 |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Allan, Tareq (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$62.35      |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Almedia, Hillary (Dr.)      | Amount of Contribution (\$)<br><br>\$75.00               |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                              |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Almedia, Jose (Dr.)         | Amount of Contribution (\$)<br><br>\$57.30               |
|  | Contributor address; City; State; Zip Code<br><br>Boerne, TX 78015  |  |
| Principal occupation / Job title (See Instructions)<br>physician                 |   | Employer (See Instructions)                              |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Alsabagh, Mourad (Dr.)      | Amount of Contribution (\$)<br><br>\$250.00              |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>physician                 |   | Employer (See Instructions)                              |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Alvarez, Michelle (Ms.)     | Amount of Contribution (\$)<br><br>\$5.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 4/66 Rpt: 7/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547 |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Apolinario, Jumar (Dr.)   | <b>7</b> Amount of Contribution (\$)                     |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>doctor  |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Aquino, Eduardo (Dr.)              | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                              |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arafat, Numan (Dr.)                | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>doctor           |   | Employer (See Instructions)                              |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Aranguena Sharpe, Gudadalupe (Dr.) | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Physician        |   | Employer (See Instructions)                              |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arellano-Rodriguez, Anabel (Ms.)   | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 5/66 Rpt: 8/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547 |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Arrazola, Pedro (Dr.) | <b>7</b> Amount of Contribution (\$) \$250.00            |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Asase, Danilo (Dr.)            | Amount of Contribution (\$) \$100.00                     |
|  | Contributor address; City; State; Zip Code<br><br>Brownsville, TX 78526  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                              |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Asistores, Marilyn (Dr.)       | Amount of Contribution (\$) \$75.00                      |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                              |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Asuage, Juan (Dr.)             | Amount of Contribution (\$) \$250.00                     |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                              |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Aude, Wady (Dr.)               | Amount of Contribution (\$) \$25.00                      |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                              |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 6/66 Rpt: 9/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547 |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Avelino, Arturo (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$83.13      |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Badiga, Murthy (Dr.)           | Amount of Contribution (\$)<br><br>\$250.00              |
|  | Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78596  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                              |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Barreda Jr., Raul (Dr.)        | Amount of Contribution (\$)<br><br>\$10.00               |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                              |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Barrera, Marcos (Mr.)          | Amount of Contribution (\$)<br><br>\$125.00              |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private business owner    |  | Employer (See Instructions)                              |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Barrera, Richard (Dr.)         | Amount of Contribution (\$)<br><br>\$210.31              |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78573  |  |
| Principal occupation / Job title (See Instructions)<br>Physician                 |  | Employer (See Instructions)<br>self-employed             |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 7/66 Rpt: 10/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547  |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bazan, Johnny (Dr.) | <b>7</b> Amount of Contribution (\$)                      |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                                     |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor |  | <b>9</b> Employer (See Instructions)                      |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bejarano, Jose (Dr.)         | Amount of Contribution (\$)                               |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |   |
| Principal occupation / Job title (See Instructions)<br>Physician       |  | Employer (See Instructions)<br>self-employed              |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bernini, Juan (Dr.)          | Amount of Contribution (\$)                               |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |   |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                               |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bose, Ashley (Dr.)           | Amount of Contribution (\$)                               |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |   |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                               |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bose, Sarojini (Dr.)         | Amount of Contribution (\$)                               |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |   |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>              |  | <b>1</b> Total pages Schedule A1:<br>Sch: 8/66 Rpt: 11/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547  |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bracamontes, Yvonne (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$100.00          |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor        |  | <b>9</b> Employer (See Instructions)                      |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cadena, Sandra (Ms.)               | Amount of Contribution (\$)<br>\$5.00                     |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |   |
| Principal occupation / Job title (See Instructions)<br>Private Investor       |  | Employer (See Instructions)<br>Self-employed              |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Canales, Ricardo (Dr.)             | Amount of Contribution (\$)<br>\$200.00                   |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |   |
| Principal occupation / Job title (See Instructions)<br>Doctor                 |  | Employer (See Instructions)                               |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Canals, Desi (Dr.)                 | Amount of Contribution (\$)<br>\$25.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78573  |   |
| Principal occupation / Job title (See Instructions)<br>Doctor                 |  | Employer (See Instructions)                               |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cantu, Alonzo (Mr.)                | Amount of Contribution (\$)<br>\$1,000.00                 |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |   |
| Principal occupation / Job title (See Instructions)<br>private business owner |  | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 9/66 Rpt: 12/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547  |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cantu, David (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                    |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                      |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cantu, Leonel (Dr.)         | Amount of Contribution (\$)<br><br>\$200.00               |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |   |
| Principal occupation / Job title (See Instructions)<br>Dr.                       |   | Employer (See Instructions)                               |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cantu, Melissa (Ms.)        | Amount of Contribution (\$)<br><br>\$100.00               |
|  | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577   |   |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                               |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Caporusso, Joseph M. (Dr.)  | Amount of Contribution (\$)<br><br>\$50.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                               |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cardenas, Carlos J. (Dr.)   | Amount of Contribution (\$)<br><br>\$1,000.00             |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 10/66 Rpt: 13/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cardenas, Simon (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$5.00         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Carreras, Jose (Dr.)           | Amount of Contribution (\$)<br><br>\$400.00                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>Dr                        |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Castaneda, Marissa (Ms.)       | Amount of Contribution (\$)<br><br>\$50.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Castillo, James (Dr.)          | Amount of Contribution (\$)<br><br>\$57.36                 |
|  | Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78550  |  |
| Principal occupation / Job title (See Instructions)<br>Physician                 |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Castillo, Melany (Dr.)         | Amount of Contribution (\$)<br><br>\$124.89                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>physician                 |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 11/66 Rpt: 14/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cavazos - Salas, Norma (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$100.00           |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dr.     |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Changlani, Mahesh (Dr.)               | Amount of Contribution (\$)<br>\$1,000.00                  |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chavez Paz, Juan (Dr.)                | Amount of Contribution (\$)<br>\$25.00                     |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Physician        |   | Employer (See Instructions)<br>self-employed               |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chen, Di (Dr.)                        | Amount of Contribution (\$)<br>\$50.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>Physician        |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cherian, Ally (Ms.)                   | Amount of Contribution (\$)<br>\$20.00                     |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 12/66 Rpt: 15/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cooper-Dockery, Dona (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$125.00           |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>M.D     |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cordoba-Kissee, Michelle (Dr.)      | Amount of Contribution (\$)<br>\$20.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>78542            |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Coronado Garcia, Aida (Ms.)         | Amount of Contribution (\$)<br>\$19.12                     |
|   | Contributor address; City; State; Zip Code<br><br>Brownsville, TX 78526   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cortes, Oscar (Dr.)                 | Amount of Contribution (\$)<br>\$250.00                    |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.              |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cortinas, Guillermo A. (Dr.)        | Amount of Contribution (\$)<br>\$150.00                    |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 13/66 Rpt: 16/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cortinas, Javier (Dr.)     | <b>7</b> Amount of Contribution (\$) \$250.00              |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dr.     |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cruz, Edgar (Dr.)                   | Amount of Contribution (\$) \$250.00                       |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Daley, Hearther (Dr.)               | Amount of Contribution (\$) \$25.00                        |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.              |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>De Gorondo Arzamendi, Antonio (Dr.) | Amount of Contribution (\$) \$25.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>physician        |   | Employer (See Instructions)<br>Self-employed               |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Deanda, David (Mr.)                 | Amount of Contribution (\$) \$250.00                       |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78574   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 14/66 Rpt: 17/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Del Bosque, Oscar (Mr.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Desai, Parul (Dr.)               | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Physician                 |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Divino, Haydee T. (Ms.)          | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Duran, Alberto (Dr.)             | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Dr                        |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ebreo, Ellie (Ms.)               | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 15/66 Rpt: 18/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Echols, Minerva (Ms.) | <b>7</b> Amount of Contribution (\$) \$20.00               |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Esparza, Cristina (Mrs.)       | Amount of Contribution (\$) \$5.00                         |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Espinoza, Manuel (Dr.)         | Amount of Contribution (\$) \$166.25                       |
|  | Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78550  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Falcon, Antonio (Dr.)          | Amount of Contribution (\$) \$200.00                       |
|  | Contributor address; City; State; Zip Code<br><br>Rio Grande, TX 78582   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Falcon, Maria Elena (Dr.)      | Amount of Contribution (\$) \$250.00                       |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 16/66 Rpt: 19/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Flores, Melissa (Ms.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78542 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Forse, Armour (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503                      | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)<br>physician                 |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Francis, Mary (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503                      | Amount of Contribution (\$)<br><br>\$114.71                |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Galindo, Eugenio (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                   | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Carlos (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                     | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 17/66 Rpt: 20/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Cynthia (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78550                                     |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>doctor  |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Elvin (Dr.)            | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78596  |  |
| Principal occupation / Job title (See Instructions)<br>Dr.              |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Nancy (Ms.)            | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Norma A. (Dr.)         | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Oscar (Dr.)            | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
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| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 18/66 Rpt: 21/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Pamela (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$15.00        |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Ricardo (Dr.)         | Amount of Contribution (\$)<br><br>\$150.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Samuel (Dr.)          | Amount of Contribution (\$)<br><br>\$250.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                       |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia Lopez, Javier (Mr.)    | Amount of Contribution (\$)<br><br>\$15.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garrigos, Socrates (Dr.)      | Amount of Contribution (\$)<br><br>\$10.00                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 19/66 Rpt: 22/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garza, Eduardo (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$9.56         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garza, Gavino (Mr.)           | Amount of Contribution (\$)<br><br>\$20.78                 |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garza, Jaime (Dr.)            | Amount of Contribution (\$)<br><br>\$1,000.00              |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garza, Jesus (Dr.)            | Amount of Contribution (\$)<br><br>\$150.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |  |
| Principal occupation / Job title (See Instructions)<br>doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garza, Joaquin (Mr.)          | Amount of Contribution (\$)<br><br>\$10.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                       |   | <b>1</b> Total pages Schedule A1:<br>Sch: 20/66 Rpt: 23/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garza, Jose Rene (Mr.) | <b>7</b> Amount of Contribution (\$)<br>\$1,000.00         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private business owner |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garza, Kareena (Mrs.)           | Amount of Contribution (\$)<br>\$3.82                      |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>private investor                |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garza, Martin (Dr.)             | Amount of Contribution (\$)<br>\$50.00                     |
|  | Contributor address; City; State; Zip Code<br><br>Linn, TX 78563  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garza Jr, Ruben (Mr.)           | Amount of Contribution (\$)<br>\$5.00                      |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor                |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gelman, Lawrence (Dr.)          | Amount of Contribution (\$)<br>\$1,000.00                  |
|  | Contributor address; City; State; Zip Code<br><br>mcallen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                          |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 21/66 Rpt: 24/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Giraldo, Alvaro (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dr.     |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gomez, Felipe (Dr.)            | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gomez, Juan Pablo (Dr.)        | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gomez, Marco (Mr.)             | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gomez-Martinez, Marissa (Dr.)  | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>              |  | 1 Total pages Schedule A1:<br>Sch: 22/66 Rpt: 25/73 |
| 2 FILER NAME<br>Border Health PAC   |  | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>10/18/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gonzales, Elizabeth Ann (Ms.) | 7 Amount of Contribution (\$) \$3.82                |
|   | 6 Contributor address; City; State; Zip Code<br><br>Alamo, TX 78516  |   |
| 8 Principal occupation / Job title (See Instructions)<br>private investor     |  | 9 Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gonzalez, Ada (Mrs.)            | Amount of Contribution (\$) \$19.12                 |
|   | Contributor address; City; State; Zip Code<br><br>Alamo, TX 78516  |   |
| Principal occupation / Job title (See Instructions)<br>private business owner |  | Employer (See Instructions)                         |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gonzalez, Aida (Ms.)            | Amount of Contribution (\$) \$5.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78542   |   |
| Principal occupation / Job title (See Instructions)<br>private investor       |  | Employer (See Instructions)                         |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gonzalez, Alfredo (Dr.)         | Amount of Contribution (\$) \$50.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577  |   |
| Principal occupation / Job title (See Instructions)<br>Doctor                 |  | Employer (See Instructions)                         |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gonzalez, Jaime A. (Mr.)        | Amount of Contribution (\$) \$1,000.00              |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |   |
| Principal occupation / Job title (See Instructions)<br>private business owner |  | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 23/66 Rpt: 26/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gonzalez, Jesus (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00        |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78542                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gonzalez, Roberto (Dr.)        | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gonzalez Jr, Alfonso (Mr.)     | Amount of Contribution (\$)<br><br>\$10.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Brownsville, TX 78521  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Griego, Enrique (Dr.)          | Amount of Contribution (\$)<br><br>\$1,000.00              |
|  | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577  |  |
| Principal occupation / Job title (See Instructions)<br>M.D.                      |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guadarrama, Delisa (Dr.)       | Amount of Contribution (\$)<br><br>\$114.72                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>              |   | <b>1</b> Total pages Schedule A1:<br>Sch: 24/66 Rpt: 27/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                      |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guajardo, Maria Ruby (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$81.37        |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>doctor        |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guardia, Juan A. (Dr.)              | Amount of Contribution (\$)<br><br>\$500.00                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                 |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guerra, Daniel (Dr.)                | Amount of Contribution (\$)<br><br>\$1,000.00              |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |  |
| Principal occupation / Job title (See Instructions)<br>doctor                 |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guerra, Ernesto (Mr.)               | Amount of Contribution (\$)<br><br>\$76.48                 |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78502   |  |
| Principal occupation / Job title (See Instructions)<br>private business owner |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guerra, R.Marcy (Dr.)               | Amount of Contribution (\$)<br><br>\$250.00                |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78541  |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
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| <b>The Instruction Guide explains how to complete this form.</b>       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 25/66 Rpt: 28/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gummadi, Sarada (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gutierrez, Marco (Dr.)         | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gutierrez, Alberto (Dr.)       | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gutierrez, Miguel (Dr.)        | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |  |
| Principal occupation / Job title (See Instructions)<br>Dr.             |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guzman, Eduardo (Dr.)          | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Penitas, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 26/66 Rpt: 29/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Haddad, Roberto (Mr.) | <b>7</b> Amount of Contribution (\$) \$10.00               |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501     |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Private Investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Haddad, Victor (Dr.)           | Amount of Contribution (\$) \$1,000.00                     |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503              |  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hance, Courtney (Ms.)          | Amount of Contribution (\$) \$5.00                         |
| Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78552            |  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Harris, Joseph (Mr.)           | Amount of Contribution (\$) \$10.00                        |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504              |  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hensler, Blake (Mr.)           | Amount of Contribution (\$) \$25.00                        |
| Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539             |  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 27/66 Rpt: 30/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hensler, Monique (Ms.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hernandez, Ambrosio (Dr.)       | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>San Juan, TX 78589  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hernandez, Cristela (Dr.)       | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>physician                 |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hernandez, Lisa (Ms.)           | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hernandez, Max (Dr.)            | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                       |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 28/66 Rpt: 31/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hinojosa, Martha (Ms.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Honrubia, Dynio (Dr.)           | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                       |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Honrubia, Vincent (Dr.)         | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                       |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Igoa, Jose (Dr.)                | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Irigoyen, Fructuoso (Dr.)       | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 29/66 Rpt: 32/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jelinek, Michael T (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$191.19           |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jimenez-Flores, Danielle (Dr.)    | Amount of Contribution (\$)<br>\$200.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Joule, Donna-Gail (Dr.)           | Amount of Contribution (\$)<br>\$25.00                     |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kalaf, Nelson (Dr.)               | Amount of Contribution (\$)<br>\$500.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Mcallen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kalantari, Saeed (Mr.)            | Amount of Contribution (\$)<br>\$20.78                     |
|   | Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78552   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 30/66 Rpt: 33/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kanhery, Gauri (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$250.00           |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Rio Grande, TX 78582                                   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Khademi, Kambiz (Mr.)         | Amount of Contribution (\$)<br>\$40.00                     |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78502   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Khan, Muhammad (Dr.)          | Amount of Contribution (\$)<br>\$20.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>physician        |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kiani, Gholam (Dr.)           | Amount of Contribution (\$)<br>\$1,000.00                  |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kotaki, Mohammad H. (Dr.)     | Amount of Contribution (\$)<br>\$250.00                    |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 31/66 Rpt: 34/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lares, Irene (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                                   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lazaro, Fernando (Mr.)      | Amount of Contribution (\$)<br><br>\$250.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Leal, Ramiro (Dr.)          | Amount of Contribution (\$)<br><br>\$50.00                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ledesma, Raul (Dr.)         | Amount of Contribution (\$)<br><br>\$250.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lema, Rodrigo (Dr.)         | Amount of Contribution (\$)<br><br>\$200.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 32/66 Rpt: 35/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lerma Jr., Ricardo (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mercedes, TX 78570   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Levine, Lyuba (Dr.)               | Amount of Contribution (\$)<br><br>\$103.91                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Limas, Flor (Dr.)                 | Amount of Contribution (\$)<br><br>\$57.36                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lin, Rick (Dr.)                   | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Linan, Enrique (Dr.)              | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 33/66 Rpt: 36/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lineberger, Dale (Mr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Manchaca, TX 78652 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lizcano, Mario (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501                      | Amount of Contribution (\$)<br><br>\$5.00                  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Loggiodice, Nelson (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577                    | Amount of Contribution (\$)<br><br>\$30.00                 |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Loja, Wilmer (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503                        | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)<br>Dr.                       |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lopez, Jose (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Palmhurst, TX 78573                       | Amount of Contribution (\$)<br><br>\$62.35                 |
| Principal occupation / Job title (See Instructions)<br>doctor                    |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 34/66 Rpt: 37/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lopez, Pamela (Ms.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lopez Jr., Alfredo (Dr.)     | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Dr                        |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lozano, Rodolfo (Dr.)        | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78574  |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                       |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lozano, Sergio (Mr.)         | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78596  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mabulac, Deborah (Ms.)       | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78541   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 35/66 Rpt: 38/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Malcom, Javier (Mr.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mangi, Salil (Dr.)            | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                       |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mangoo-Karim, Robert (Dr.)    | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Manoharan, Paulrajan (Dr.)    | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Physician                 |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Manrique, Carlos (Dr.)        | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 36/66 Rpt: 39/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Marichalar, Luis (Mr.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Private Investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Marina, Jose Mario (Dr.)        | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78573   |  |
| Principal occupation / Job title (See Instructions)<br>physician                 |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Marquez, Luis A. (Mr.)          | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78552   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Martinez, Ricardo (Dr.)         | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)<br>Self-employed               |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mata, Nelson (Dr.)              | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                       |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 37/66 Rpt: 40/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mathavan, Rajeen (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$38.24        |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McNutt, Kimberly (Ms.)          | Amount of Contribution (\$)<br><br>\$25.00                 |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor   |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Medina, Bertha (Dr.)            | Amount of Contribution (\$)<br><br>\$1,000.00              |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor             |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Medina, Javier (Dr.)            | Amount of Contribution (\$)<br><br>\$250.00                |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78574   |  |
| Principal occupation / Job title (See Instructions)<br>M.D.               |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Medina, Lorena (Ms.)            | Amount of Contribution (\$)<br><br>\$5.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>private investor   |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | 1 Total pages Schedule A1:<br>Sch: 38/66 Rpt: 41/73 |
| 2 FILER NAME<br>Border Health PAC   |   | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>10/18/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Medina, Martha Carmen (Ms.) | 7 Amount of Contribution (\$)<br><br>\$100.00       |
|   | 6 Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |   |
| 8 Principal occupation / Job title (See Instructions)<br>private investor |   | 9 Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Medina, Melecio (Dr.)         | Amount of Contribution (\$)<br><br>\$40.00          |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |   |
| Principal occupation / Job title (See Instructions)<br>physician          |   | Employer (See Instructions)                         |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mego, Carlos (Dr.)            | Amount of Contribution (\$)<br><br>\$1,000.00       |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor             |   | Employer (See Instructions)                         |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mendez, Oscar (Dr.)           | Amount of Contribution (\$)<br><br>\$207.82         |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |   |
| Principal occupation / Job title (See Instructions)<br>physician          |   | Employer (See Instructions)                         |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mendez, Salvador (Dr.)        | Amount of Contribution (\$)<br><br>\$250.00         |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |   |
| Principal occupation / Job title (See Instructions)<br>Dr.                |   | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 39/66 Rpt: 42/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mercado, Manuel (Dr.) | <b>7</b> Amount of Contribution (\$) \$250.00              |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dr.     |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Meyer, Scott (Mr.)             | Amount of Contribution (\$) \$35.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Milano, Emil (Dr.)             | Amount of Contribution (\$) \$100.00                       |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Milov, Simon (Dr.)             | Amount of Contribution (\$) \$50.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78552   |  |
| Principal occupation / Job title (See Instructions)<br>physician        |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mirmohammadi, Rowena (Ms.)     | Amount of Contribution (\$) \$250.00                       |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 40/66 Rpt: 43/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mitchell, Jo Ann (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$9.56         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78502                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mohamed, Samira (Dr.)           | Amount of Contribution (\$)<br><br>\$50.00                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mohme, Ruben (Dr.)              | Amount of Contribution (\$)<br><br>\$250.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Montes, Jorge A. (Dr.)          | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Montes, Laura (Dr.)             | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 41/66 Rpt: 44/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Morales, Carlos E (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$1,000.00         |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moreno, Juan (Mr.)               | Amount of Contribution (\$)<br>\$15.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Alton, TX 78574  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moreno, Leonel (Dr.)             | Amount of Contribution (\$)<br>\$250.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mulukutla, Surya Narayan (Dr.)   | Amount of Contribution (\$)<br>\$50.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>physician        |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Munoz, Roberto (Dr.)             | Amount of Contribution (\$)<br>\$124.69                    |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 42/66 Rpt: 45/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nagaraj, Namitha (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nunez, Zoraly (Ms.)             | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ochoa, Esmeralda (Mrs.)         | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ochoa, Kristy (Ms.)             | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ogunlana, Victor (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 43/66 Rpt: 46/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ohabor, Chioma (Ms.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Private Investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ohabor, Constantine (Ms.)     | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Private Investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Olgin, Gaudencio (Dr.)        | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>physician                 |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Oliveira, Noel E (Dr.)        | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Orfanos, John (Dr.)           | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 44/66 Rpt: 47/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Otero, Fernando (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>mcallen, TX 78502                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Owen, Kip (Dr.)                | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ozuna, Ronnie (Mr.)            | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Padilla, Maritza (Ms.)         | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78599  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Palacios, Esteban (Mr.)        | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78540   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>              |   | <b>1</b> Total pages Schedule A1:<br>Sch: 45/66 Rpt: 48/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                      |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Palacios Merchan, Juan Diego (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$75.00        |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician     |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Palimar, P (Dr.)                            | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504           |   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pechero, Guillermo (Dr.)                    | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504           |   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pena, Diamantina (Ms.)                      | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Contributor address; City; State; Zip Code<br><br>Mcallen, TX 78504           |   |  |
| Principal occupation / Job title (See Instructions)<br>private investor       |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pena, Priscilla (Ms.)                       | Amount of Contribution (\$)<br><br>\$5.00                  |
| Contributor address; City; State; Zip Code<br><br>Mission, TX 78574           |   |  |
| Principal occupation / Job title (See Instructions)<br>private investor       |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 46/66 Rpt: 49/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pena, Victor (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$5.00         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78574                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Peralez, Rosie (Ms.)        | Amount of Contribution (\$)<br><br>\$5.00                  |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>Private Investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Perez, Ernie (Mr.)          | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78502-5360  |  |
| Principal occupation / Job title (See Instructions)<br>private business owner    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Perez, Florencia            | Amount of Contribution (\$)<br><br>\$100.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Perez, Francisco (Dr.)      | Amount of Contribution (\$)<br><br>\$50.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 47/66 Rpt: 50/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Perez, Guillermo (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Perez, Nina (Ms.)               | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Peynado, Herrietta (Ms.)        | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Mercedes, TX 78570  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pierre-Louise, Michael (Dr.)    | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>Physician        |   | Employer (See Instructions)<br>Self-employed               |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pillai, Revi (Mr.)              | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 48/66 Rpt: 51/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                       |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Prieto-Harris, Roberto (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00        |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor         |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Puttagunta, Sobha (Ms.)               | Amount of Contribution (\$)<br><br>\$10.00                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor        |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Quach, Tin (Dr.)                      | Amount of Contribution (\$)<br><br>\$5.00                  |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor        |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rafols, Rafael (Dr.)                  | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Physician/Self-employed |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ramirez, Luis (Dr.)                   | Amount of Contribution (\$)<br><br>\$100.00                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                  |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 49/66 Rpt: 52/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ramos, Thelma (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$15.00        |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                     |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private business owner |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rangel, Soraya (Mr.)         | Amount of Contribution (\$)<br><br>\$5.00                  |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>private investor                |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rao, Yohan (Dr.)             | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private investor                |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Reddy, Vangala J (Dr.)       | Amount of Contribution (\$)<br><br>\$200.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rios, Adriana (Ms.)          | Amount of Contribution (\$)<br><br>\$10.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78599  |  |
| Principal occupation / Job title (See Instructions)<br>private investor                |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 50/66 Rpt: 53/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rios Jr, Jesus (Mr.) | <b>7</b> Amount of Contribution (\$) \$250.00              |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rivera, Jaime (Ms.)           | Amount of Contribution (\$) \$3.82                         |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rivera, Jennifer (Ms.)        | Amount of Contribution (\$) \$10.00                        |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Robalino, Benjamin (Dr.)      | Amount of Contribution (\$) \$250.00                       |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Robles, Luis H. (Dr.)         | Amount of Contribution (\$) \$100.00                       |
|  | Contributor address; City; State; Zip Code<br><br>Brownsville, TX 78520   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 51/66 Rpt: 54/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodriguez, Edgar (Dr.)  | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodriguez, Maria (Ms.)           | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78596  |  |
| Principal occupation / Job title (See Instructions)<br>private investor   |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodriguez, Ofelia (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Mcallen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor             |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodriguez, Sergio (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodriguez-Ayala, Heriberto (Dr.) | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78502  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor             |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 52/66 Rpt: 55/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodriguez-Rico, Daniella (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$229.43           |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ruiz, Henry (Dr.)                       | Amount of Contribution (\$)<br>\$1,000.00                  |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ruiz, Rosalva (Ms.)                     | Amount of Contribution (\$)<br>\$10.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saenz, J.J (Dr.)                        | Amount of Contribution (\$)<br>\$1,000.00                  |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saenz, Javier (Dr.)                     | Amount of Contribution (\$)<br>\$1,000.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 53/66 Rpt: 56/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saenz, Jennifer (Ms.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saenz, Jessica (Ms.)           | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mcallen, TX 78502  |  |
| Principal occupation / Job title (See Instructions)<br>Private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saenz, Vanessa (Ms.)           | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78541   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saffels, Nathan (Mr.)          | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Safir, Larry (Mr.)             | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mcallen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 54/66 Rpt: 57/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saladino, Nicole (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$5.00         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Salazar, Juan J. (Dr.)          | Amount of Contribution (\$)<br><br>\$250.00                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saldivar, Aida (Ms.)            | Amount of Contribution (\$)<br><br>\$10.00                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Salinas, Annabelle (Ms.)        | Amount of Contribution (\$)<br><br>\$5.00                  |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Salinas, Mariano (Dr.)          | Amount of Contribution (\$)<br><br>\$150.00                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                       |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 55/66 Rpt: 58/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Salinas, Miguel A. (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$9.56         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Salinas, Samuel (Mr.)             | Amount of Contribution (\$)<br><br>\$10.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sanchez, Elisa Garza (Dr.)        | Amount of Contribution (\$)<br><br>\$125.00                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sanchez, Richard (Dr.)            | Amount of Contribution (\$)<br><br>\$166.25                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sandoval, Gilberto (Mr.)          | Amount of Contribution (\$)<br><br>\$10.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Brownsville, TX 78520   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 56/66 Rpt: 59/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sandoval, Oscar (Mr.)       | <b>7</b> Amount of Contribution (\$) \$25.00               |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Edcouch, TX 78538     |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sarmiento Cano, Juan P. Javier (Dr.) | Amount of Contribution (\$) \$50.00                        |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504              |   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Seas, Manuel (Dr.)                   | Amount of Contribution (\$) \$250.00                       |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504              |   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Serna, Samuel (Dr.)                  | Amount of Contribution (\$) \$100.00                       |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504              |   |  |
| Principal occupation / Job title (See Instructions)<br>doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shuaib, Tawid (Dr.)                  | Amount of Contribution (\$) \$1,000.00                     |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503              |   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 57/66 Rpt: 60/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Siberman, Herschi (Dr.) | <b>7</b> Amount of Contribution (\$) \$200.00              |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Siedow, Stephen (Dr.)            | Amount of Contribution (\$) \$25.00                        |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>physician        |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sifuentes, Pamela (Ms.)          | Amount of Contribution (\$) \$15.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78596  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Singh, Manish (Dr.)              | Amount of Contribution (\$) \$250.00                       |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Solis, Hilda (Ms.)               | Amount of Contribution (\$) \$25.00                        |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 58/66 Rpt: 61/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Soto, Hector (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$250.00           |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sustaita, Raul (Mr.)        | Amount of Contribution (\$)<br>\$25.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Donna, TX 78537   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Swarup, Jyothi (Dr.)        | Amount of Contribution (\$)<br>\$100.00                    |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tamez, Daniel (Mr.)         | Amount of Contribution (\$)<br>\$3.82                      |
|   | Contributor address; City; State; Zip Code<br><br>Alton, TX 78573   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tey, Alejandro (Dr.)        | Amount of Contribution (\$)<br>\$250.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>M.D.             |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 59/66 Rpt: 62/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tharp, Maribel (Ms.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tijerina, Erica (Ms.)         | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tovar, Sandra (Ms.)           | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Trejo, Jose (Mr.)             | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |  |
| Principal occupation / Job title (See Instructions)<br>private business owner    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Trevino, Ernesto              | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 60/66 Rpt: 63/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Trevino, Kyara J. (Ms.) | <b>7</b> Amount of Contribution (\$) \$5.00                |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>La Joya, TX 78560   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Turley, Susan (Mrs.)             | Amount of Contribution (\$) \$250.00                       |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private business owner    |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Twhiwa, Marcel (Dr.)             | Amount of Contribution (\$) \$250.00                       |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Uribe, Lourdes (Dr.)             | Amount of Contribution (\$) \$50.00                        |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Valladares, Teresa (Dr.)         | Amount of Contribution (\$) \$100.00                       |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>M.D                       |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 61/66 Rpt: 64/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vasquez, Jose, A (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$250.00           |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Rio Grande , TX 78582                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Veeramachaneni, Ravindra (Dr.)  | Amount of Contribution (\$)<br>\$25.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vela, Carlos Ian (Mr.)          | Amount of Contribution (\$)<br>\$28.68                     |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vela, Efraim (Dr.)              | Amount of Contribution (\$)<br>\$250.00                    |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vela, Oscar Rene (Mr.)          | Amount of Contribution (\$)<br>\$10.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>Private investor |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 62/66 Rpt: 65/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vela, Susana (Ms.)  | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                                     |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Velazquez, Orlando (Mr.)     | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Velazquez, Rolando (Mr.)     | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Raymondville, TX 78580   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vera, Eloy (Mr.)             | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Rio Grande City, TX 78582                                      |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Villarreal, Rose Maria (Ms.) | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 63/66 Rpt: 66/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Villarreal, Veronica (Ms.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504 | <b>7</b> Amount of Contribution (\$)<br><br>\$249.38       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Villarreal, Victor (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577                       | Amount of Contribution (\$)<br><br>\$90.00                 |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Villegas, Gustavo (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                     | Amount of Contribution (\$)<br><br>\$83.13                 |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Villescas III, Gavino M. (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>San Juan, TX 78589              | Amount of Contribution (\$)<br><br>\$62.35                 |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Viswamitra, Saroje (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                     | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 64/66 Rpt: 67/73 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Walker, Ray (Mr.) | <b>7</b> Amount of Contribution (\$) \$250.00              |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504           |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private business owner |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wang, Ann (Dr.)            | Amount of Contribution (\$) \$10.00                        |
| Contributor address; City; State; Zip Code<br><br>Palmhurst, TX 78573                  |  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Webb, James (Mr.)          | Amount of Contribution (\$) \$62.50                        |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                    |  |  |
| Principal occupation / Job title (See Instructions)<br>private business owner          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilson, Teresa (Dr.)       | Amount of Contribution (\$) \$50.00                        |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                    |  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                          |  | Employer (See Instructions)                                |
| Date<br>10/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Woloski, Deborah (Ms.)     | Amount of Contribution (\$) \$20.00                        |
| Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                    |  |  |
| Principal occupation / Job title (See Instructions)<br>private investor                |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 65/66 Rpt: 68/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wong, Antonio (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$250.00           |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                     |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Yanez, Sandra (Ms.)          | Amount of Contribution (\$)<br>\$25.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Alton, TX 78573  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Yarra, Subbarao (Dr.)        | Amount of Contribution (\$)<br>\$100.00                    |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Zamir, Asif (Dr.)            | Amount of Contribution (\$)<br>\$250.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>doctor           |  | Employer (See Instructions)                                |
| Date<br>10/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Zamora, Maria Luisa (Ms.)    | Amount of Contribution (\$)<br>\$10.00                     |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 66/66 Rpt: 69/73 |
| <b>2</b> FILER NAME<br>Border Health PAC                                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Zayed, Fuad (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Alton, TX 78573 | <b>7</b> Amount of Contribution (\$)<br><br>\$75.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>physician |  | <b>9</b> Employer (See Instructions)<br>self-employed      |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 70/73  | <b>2</b> FILER NAME<br>Border Health PAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>10/09/2024   | <b>5</b> Payee name<br>Cortez, Phil (Rep.)  |  |
| <b>6</b> Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2600 SW Millitary Dr. Suite 211<br><br>San Antonio, TX 78224   |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>contribution |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name<br>Cortez, Phil (Rep.)  | Office sought<br>Office held<br>State Representative District  |
| Date<br>10/09/2024  | Payee name<br>Martinez-Fischer, Trey (Rep.)   |  |
| Amount (\$)<br>\$10,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>4243 Piedras Drive East<br><br>San Antonio, TX 78228  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>contribution |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Martinez-Fischer, Trey (Rep.)  | Office sought<br>Office held<br>State Representative District  |
| Date<br>10/08/2024  | Payee name<br>Ramirez, Joe (Judge)  |  |
| Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>100 N. Closer 3rd floor<br><br>Edinburg, TX 78539   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Ramirez, Joe (Judge)   | Office sought<br>Office held<br>District Judge District 464  |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| 1 Total pages Schedule I:<br>Sch: 1/2 Rpt:   | 2 FILER NAME<br>Border Health PAC  | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>10/15/2024   | 5 Payee name<br>Fishing For Hope/ Hope Family Health Center  |   |
| 6 Amount (\$)<br>8,000.00<br><input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip<br>2332 Jordan<br><br>McAllen, TX 78503                              |   |
| 8 <b>PURPOSE OF EXPENDITURE</b>  | (a) Category (See instructions for examples of acceptable categories)<br>donation                      | (b) Description (See instructions regarding type of information required.)<br>donation expenditure        |
| Date<br>10/01/2024   | Payee name<br>Flores, JJ (Mr.)   |   |
| Amount (\$)<br>2,859.25<br><input type="checkbox"/> Expenditure from corporate funds   | Payee Address; City; State; Zip<br>612 W. Nolana #415<br><br>McAllen, TX 78504                         |   |
| <b>PURPOSE OF EXPENDITURE</b>  | (a) Category (See instructions for examples of acceptable categories)<br>Salaries/Wages/Contract Labor | (b) Description (See instructions regarding type of information required.)<br>contract labor expenditure  |
| Date<br>10/11/2024   | Payee name<br>Gonzalez-Leal, Nicole (Ms.)  |   |
| Amount (\$)<br>25,000.00<br><input type="checkbox"/> Expenditure from corporate funds  | Payee Address; City; State; Zip<br>2401 W. Rhin Drive<br><br>Edinburg, TX 78539                        |   |
| <b>PURPOSE OF EXPENDITURE</b>  | (a) Category (See instructions for examples of acceptable categories)<br>Salaries/Wages/Contract Labor | (b) Description (See instructions regarding type of information required.)<br>contract salary expenditure |
| Date<br>10/01/2024   | Payee name<br>HOSPAC   |   |
| Amount (\$)<br>10,000.00<br><input type="checkbox"/> Expenditure from corporate funds  | Payee Address; City; State; Zip<br>1108 Lavaca Suite 700<br><br>Austin, TX 78701                       |   |
| <b>PURPOSE OF EXPENDITURE</b>  | (a) Category (See instructions for examples of acceptable categories)<br>donation                      | (b) Description (See instructions regarding type of information required.)<br>donation expenditure        |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule I:<br>Sch: 2/2 Rpt:   | 2 FILER NAME<br>Border Health PAC   | 3 Filer ID (Ethics Commission Filers)<br>00055547  |
| 4 Date<br>09/30/2024   | 5 Payee name<br>Lone Star National Bank   |  |
| 6 Amount (\$)<br><br>3.00<br><input type="checkbox"/> Expenditure from corporate funds   | 7 Payee Address; City; State; Zip<br>p.o. box 1127<br><br>pharr, TX 78577                               |  |
| 8 <b>PURPOSE OF EXPENDITURE</b>  | (a) Category (See instructions for examples of acceptable categories)<br>Accounting/Banking             | (b) Description (See instructions regarding type of information required.)<br>bank service fee expenditure |
| Date<br>10/04/2024   | Payee name<br>Water Tower Village, Ltd  |  |
| Amount (\$)<br><br>1,331.25<br><input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip<br>5221 N McColl Road<br><br>Mcallen, TX 78502                          |  |
| <b>PURPOSE OF EXPENDITURE</b>  | (a) Category (See instructions for examples of acceptable categories)<br>Office Overhead/Rental Expense | (b) Description (See instructions regarding type of information required.)<br>office lease expenditure     |



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

SCHEDULE K

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule K:<br>Sch: 1/1 Rpt: 73/73                    |
| <b>2</b> FILER NAME<br>Border Health PAC                         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547                   |
| <b>4</b> Date<br>09/30/2024                                      | <b>5</b> Name of person from whom amount is received<br>Lone Star National Bank                         | <b>8</b> Amount (\$)<br>\$508.23   |
|  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>mcallen, TX 78502 |  |
|  | <b>7</b> Purpose for which amount is received<br>quarterly interest credited                            | <input type="checkbox"/> Check if political contribution returned to filer |