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 2 Total pages filed: 00055547 73						
3 COMMITTEE NAME		·	OFFICE USE ONLY			
Border Health PAG	2					
			ELECTRONICALLY FILED			
			11/25/2024			
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
ADDRE35	612 W. Nolana, Ste. 340					
Change of Address	McAllen, TX 78504		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN	MS / MRS / MR FIRST	MI				
TREASURER NAME	Mr. Ernie		Receipt # Amount			
			Date Processed			
	NICKNAME LAST	SUFFI	×			
	Perez		Date Imaged			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE	E); APT / SUITE #; CITY; S	TATE; ZIP CODE			
TREASURER STREET	612 W. Nolana, Ste. 340					
ADDRESS						
(Residence or Business)	McAllen, TX 78504					
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE			
TREASURER	612 W. Nolano, Ste. 340	$A = 7.50 \text{ mm} \pi$, $C = 7.5 \text{ mm} \pi$, $C =$				
MAILING	012 W. Nolano, Ste. 340					
ADDRESS						
Change of Address	^s McAllen, TX 78504					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	(956) 994-9757					
THORE	(000) 004 0101					
9 REPORT TYPE		10th day after campaign				
	X Monthly	treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY						
REPORT FILING	January 5 Ap	ril 5 July 5	October 5			
DEADLINE	February 5 Ma	ay 5 August 5	X November 5			
	March 5 Ju	ne 5 September 5	December 5			
11 PERIOD	Month Day Year	Month	Day Year			
COVERED	09/26/2024	THROUGH 10/25				
	0072072024	10/20	2024			
	GO	TO PAGE 2				
E Forms provided by Te	xas Ethics Commission www.	ethics.state.tx.us	Version V4.1.0.5dd2ace2			

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Border Health PAC			0005554	47
	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLED	L CONTRIBUTIONS	\$	65,682.95
EXPENDITURE TOTALS	``````````````````````````````````````	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	20,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	562,743.90
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation requi	e accompanying report is red to be reported by me
		Mr. Er	io Doroz	
		Signature of Ca	ie Perez	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	fficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

FORM	MPAC
COVER SHE	ET PG 3 3 of 73

17 COMMITTEE NAME	(Ethics Commission Filers)	
Border Health PAC	00055547	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 65,682.95	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAB	OR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	RATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OR	GANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABO ORGANIZATION	R	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$ 20,000.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$ 47,193.50
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	S RETURNED	\$ 508.23

SUBTOTALS - MPAC

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

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/66 Rpt: 5/73	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Border Heal	th PAC		1 I	00055547	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
10/18/2024				······································	\$20.00
	6 Contributor address; City; State; Zip Code		·		T-
	Continuation address, City, State, Zip Code				
	McAllen, TX 78503				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
Doctor					
Date	Full name of contributor Out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
10/18/2024	Alexander, Justin (Mr.)			· · · · · · · · · · · · · · · · · · ·	\$20.78
	Contributor address; City; State; Zip Code		ŀ		Ŧ -
	Harlingen, TX 78550				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
private inves					
Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
10/18/2024	Alhroob, Assad (Dr.)			· · · · · · · · · · · · · · · · · · ·	\$20.00
	Contributor address; City; State; Zip Code	,	·		-
	Edinburg, TX 78539				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Doctor					
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/18/2024	Ali, Sardar (Mr.)				\$50.00
	Contributor address; City; State; Zip Code		1		
	Mission, TX 78572				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Private inves	stor	self employed			
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
10/18/2024	Aliseda, Ernest (Mr.)				\$125.00
	Contributor address; City; State; Zip Code		1		
	McAllen, TX 78504				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Private Inve	stor	Self-employed			

	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/66 Rpt: 6/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Allan, Tareq (Mr.)				\$62.35
		6 Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private inves	tor				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Almedia, Hillary (Dr.)				\$75.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 5)		
	Doctor					
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/18/2024	Almedia, Jose (Dr.))		/ incunt of Continuation (+)	\$57.30
	20/20/2021					401.00
		Contributor address, City, State, Zip Code				
		Boerne, TX 78015				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	, physician	, , , , , , , , , , , , , , , , , , ,				
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Alsabagh, Mourad (Dr.))			\$250.00
	10/10/2024					Ψ200.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	physician			,		
╞				_	Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#: Alvarez, Michelle (Ms.))		Amount of Contribution (\$)	\$5.00
	10/18/2024	. ,				φ5.00
		Contributor address; City; State; Zip Code				
		McAllen TX 78504				
⊢	Dringing accord	McAllen, TX 78504	Employer (Coolectruction	<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
⊢	private inves					
I I						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	vrm.	1	Total pages Schedule A1: Sch: 4/66 Rpt: 7/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Apolinario, Jumar (Dr.)		ľ		\$100.00
	10/10/2024					\$100.00
		6 Contributor address; City; State; Zip Code				
		Mission, TX 78572				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Aquino, Edwardo (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
⊢	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	•)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Arafat, Numan (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	doctor					
⊨	Data	Full name of contributor out-of-state PAC (ID#:	\ \		Amount of Contribution (\$)	
	Date)		Amount of Contribution (\$)	¢100.00
	10/18/2024	Aranguena Sharpe, Gudadalupe (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Arellano-Rodriguez, Anabel (Ms.)				\$8.31
		Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		McAllon TX 79501				
┡	Dalaciant	McAllen, TX 78501				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves					

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/66 Rpt: 8/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Arrazola, Pedro (Dr.)		ľ		\$250.00
	10/10/2024					Ψ230.00
		6 Contributor address; City; State; Zip Code				
L		McAllen, TX 78504		Ļ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Asase, Danilo (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Brownsville, TX 78526				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
	Doctor					
⊨	Data				Amount of Contribution (ft)	
	Date)		Amount of Contribution (\$)	#75 00
	10/18/2024					\$75.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Asuage, Juan (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ;)		
	Doctor			,		
⊨				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 05 00
	10/18/2024	Aude, Wady (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
L		McAllen, TX 78501				
Γ	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
⊢						

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/66 Rpt: 9/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/18/2024	Avelino, Arturo (Mr.)				\$83.13
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	private inves	tor				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Badiga, Murthy (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Weslaco, TX 78596				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Barreda Jr., Raul (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Barrera, Marcos (Mr.)				\$125.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private busin	ess owner				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Barrera, Richard (Dr.)				\$210.31
		Contributor address; City; State; Zip Code				
		Mission, TX 78573				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		self-employed			

_							
	The Instru	ction Guide explains how to complete	e this fo	rm.	1	Total pages Schedule A1: Sch: 7/66 Rpt: 10/73	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	:h PAC				00055547	
4	Date	5 Full name of contributor out-of-state PA	PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Bazan, Johnny (Dr.)					\$10.00
		6 Contributor address; City; State; Zip Code					
		Mission TV 70570					
0	Dringing occ	Mission, TX 78572 pation / Job title (See Instructions)		Employer (See Instructions	\		
8	Doctor			9 Employer (See Instructions)		
	Date	Full name of contributor out-of-state PA	PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Bejarano, Jose (Dr.)					\$191.19
		Contributor address; City; State; Zip Code					
		Madlan TV 79504					
<u> </u>	Principal occu	McAllen, TX 78504 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician			self-employed)		
╞━		Full name of contributor		, v		Amount of Contribution (\$)	
	Date 10/18/2024	Full name of contributor Out-of-state P, Bernini, Juan (Dr.)	PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	10/10/2027	Contributor address; City; State; Zip Code					Ψ200.00
		Contributor address, City, State, Zip Coac					
		Mission, TX 78572					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Doctor						
	Date	Full name of contributor out-of-state PA	PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Bose, Ashley (Dr.)					\$50.00
		Contributor address; City; State; Zip Code					
		McAllen, TX 78501					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Doctor				,		
	Date	Full name of contributor out-of-state PA)		Amount of Contribution (\$)	
	10/18/2024	Bose, Sarojini (Dr.)	AG (18				\$1,000.00
		Contributor address; City; State; Zip Code					• •
		McAllen, TX 78501					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Doctor						
					_		
1							

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 8/66 Rpt: 11/73		
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor Out-of-state PAC (ID)	7	Amount of Contribution (\$)	
	10/18/2024	Bracamontes, Yvonne (Dr.)	····,	ľ	(*)	\$100.00
				•		+200.00
		Contributor address, City, State, Zip Code				
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> د)		
ľ	Doctor			,		
				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID)#:)		Amount of Contribution (\$)	+=
	10/18/2024	Cadena, Sandra (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Private Inves	tor	Self-employed			
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	10/18/2024	Canales, Ricardo (Dr.)				\$200.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
F	Date	Full name of contributor Out-of-state PAC (ID)#:	Γ	Amount of Contribution (\$)	
	10/18/2024	Canals, Desi (Dr.)	/			\$25.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78573				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor			-,		
⊨				_	Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID)#:)		Amount of Contribution (\$)	¢1 000 00
	10/18/2024					\$1,000.00
	Contributor address; City; State; Zip Code					
⊢	<u> </u>	McAllen, TX 78504		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private busir	ess owner				
1						

т	he Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 9/66 Rpt: 12/73	
2 FI	ILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
	order Healt	h PAC			00055547	
4 Da	ate	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
10	0/18/2024	Cantu, David (Mr.)				\$30.00
		6 Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
8 Pi	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	rivate inves			-,		
	ate	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	0/18/2024	Cantu, Leonel (Dr.)	/		Amount of Contribution (+)	\$200.00
-	0/10,202.			•		ΨΔ00.00
		Contributor address, City, State, Zip Code				
		Edinburg, TX 78539				
Pi	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	L S)		
D		· · · · · ·		,		
Di	ate	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Τ	Amount of Contribution (\$)	
	0/18/2024	Cantu, Melissa (Ms.)	/			\$100.00
_	0/10/2021	Contributor address; City; State; Zip Code		•		Ψ100.00
		Contributor address, City, State, Zip Code				
		Pharr, TX 78577				
Pi	rincipal occu	I pation / Job title (See Instructions)	Employer (See Instructions	L S)		
	rivate inves			,		
D	ate	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	0/18/2024	Caporusso, Joseph M. (Dr.)				\$50.00
	0/20.20	Contributor address; City; State; Zip Code		•		
		McAllen, TX 78501				
Pi	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
D	octor					
D	ate	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	0/18/2024	Cardenas, Carlos J. (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78501				
Pi	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
D	octor					
			<u> </u>			

SCHEDULE	A1
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	The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/66 Rpt: 13/73	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Border Healt	th PAC				00055547	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Cardenas, Simon (Mr.)				.,	\$5.00
	10,10.202		ate: Zin Code		-		T - · - ·
		0 Continuator address, City, Sit	ale, Zip Code				
		McAllen, TX 78504					
8	Principal occu	pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
	private inves	stor					
F	Date	Full name of contributor	out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	10/18/2024	Carreras, Jose (Dr.)					\$400.00
		Contributor address; City; Sta	ate; Zip Code				
		Mission, TX 78572					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Dr						
╞	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/18/2024	Castaneda, Marissa (Ms.)					\$50.00
		Contributor address; City; Sta			1		
			· ·				
		Edinburg, TX 78539					
	Principal occu	ipation / Job title (See Instructions))	Employer (See Instructions	5)		
	private inves	itor					
F	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/18/2024	Castillo, James (Dr.)					\$57.36
		Contributor address; City; Sta	ate; Zip Code		1		
		Harlingen, TX 78550					
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Physician						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/18/2024	Castillo, Melany (Dr.)					\$124.89
		Contributor address; City; Sta			1		
		McAllen, TX 78504					
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
	physician						
Γ							

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

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/66 Rpt: 15/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt				00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Cooper-Dockery, Dona (Dr.)				\$125.00
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	M.D					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Cordoba-Kissee, Michelle (Dr.)				\$20.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
Γ	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	78542		L			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Coronado Garcia, Aida (Ms.)				\$19.12
		Contributor address; City; State; Zip Code				
		Brownsville, TX 78526				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Cortes, Oscar (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dr.					
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Cortinas, Guillermo A. (Dr.)				\$150.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/66 Rpt: 16/73	
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
	Border Health PAC				00055547	·
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/18/2024	Cortinas, Javier (Dr.)			-	\$250.00
		6 Contributor address; City; State; Zip Code		ł		
	ļ					
	ļ	McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Dr.					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Cruz, Edgar (Dr.)				\$250.00
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Daley, Hearther (Dr.)				\$25.00
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		McAllen, TX 78503	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dr.					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	De Gorondo Arzamendi, Antonio (Dr.)]		\$25.00
	ļ	Contributor address; City; State; Zip Code]		
	ļ					
	ļ	Mission TV 79572				
_	Dringing occu	Mission, TX 78572 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	physician		Self-employed	5)		
				.		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀንርስ ስስ
	10/18/2024	Deanda, David (Mr.)				\$250.00
		Contributor address; City; State; Zip Code				
	ļ	Mission, TX 78574				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ן ב)		
	private inves			5)		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 14/66 Rpt: 17/73 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/18/2024 Del Bosque, Oscar (Mr.) \$100.00 6 Contributor address; City; State; Zip Code Edinburg, TX 78539 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 Desai, Parul (Dr.) \$125.00 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/18/2024 Divino, Haydee T. (Ms.) \$20.00 Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 \$1,000.00 Duran, Alberto (Dr.) Contributor address; City; State; Zip Code Mission, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/18/2024 Ebreo, Ellie (Ms.) \$41.56 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/66 Rpt: 18/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Echols, Minerva (Ms.)				\$20.00
		6 Contributor address; City; State; Zip Code				
		Pharr, TX 78577				
8	Principal occu		9 Employer (See Instructions	<u> </u> 5)		
	private inves	· · ·		,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Esparza, Cristina (Mrs.)			,	\$5.00
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Espinoza, Manuel (Dr.)				\$166.25
		Contributor address; City; State; Zip Code		1		
		Harlingen, TX 78550				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Falcon, Antonio (Dr.)				\$200.00
		Contributor address; City; State; Zip Code		1		
		Die Granda TV 70500				
⊢	Dringing oog	Rio Grande, TX 78582	Employer (Coo Instructions			
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			<u> </u>	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	*252.00
	10/18/2024	Falcon, Maria Elena (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
┝	Dringinal occu		Employer (See Instructions	<u> </u>		
	Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/66 Rpt: 19/73 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/18/2024 Flores, Melissa (Ms.) \$25.00 6 Contributor address; City; State; Zip Code Edinburg, TX 78542 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 \$100.00 Forse, Armour (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) physician Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/18/2024 Francis, Mary (Ms.) \$114.71 Contributor address; City; State; Zip Code McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 \$1,000.00 Galindo, Eugenio (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/18/2024 \$1,000.00 Garcia, Carlos (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 17/66 Rpt: 20/73	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Border Healt	h PAC				00055547	
4	Date	5 Full name of contributor out-of-state P	AC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Garcia, Cynthia (Dr.)					\$200.00
		6 Contributor address; City; State; Zip Code			1		
		Harlingen, TX 78550					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	doctor						
	Date	Full name of contributor out-of-state P	AC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Garcia, Elvin (Dr.)					\$1,000.00
		Contributor address; City; State; Zip Code			1		
		Weslaco, TX 78596					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dr.						
	Date	Full name of contributor out-of-state P	AC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Garcia, Nancy (Ms.)					\$20.00
		Contributor address; City; State; Zip Code			1		
		Mission, TX 78572					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	private inves	tor					
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Garcia, Norma A. (Dr.)					\$250.00
		Contributor address; City; State; Zip Code					
		McAllen, TX 78503					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Doctor						
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Garcia, Oscar (Dr.)					\$1,000.00
	Contributor address; City; State; Zip Code						
		Mission, TX 78572					
1		pation / Job title (See Instructions)		Employer (See Instructions	5)		
L	Doctor						
I							
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/66 Rpt: 21/73 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/18/2024 Garcia, Pamela (Ms.) \$15.00 6 Contributor address; City; State; Zip Code Mission, TX 78572 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 \$150.00 Garcia, Ricardo (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/18/2024 Garcia, Samuel (Dr.) \$250.00 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 \$15.00 Garcia Lopez, Javier (Mr.) Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 10/18/2024 \$10.00 Garrigos, Socrates (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/66 Rpt: 22/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Garza, Edwardo (Mr.)				\$9.56
		6 Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
8	Princinal occu		9 Employer (See Instructions	<u> </u> נ)		
ľ	private inves			''		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Garza, Gavino (Mr.)				\$20.78
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Garza, Jaime (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Garza, Jesus (Dr.)				\$150.00
		Contributor address; City; State; Zip Code				
		McAllon TX 79501				
⊢	Dringingloggy	McAllen, TX 78501	Employer (Cap Instructions			
	doctor	pation / Job title (See Instructions)	Employer (See Instructions)		
╘						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢10.00
	10/18/2024	Garza, Joaquin (Mr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
⊢	Principal occu	bation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	private inves			·)		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/66 Rpt: 23/73 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/18/2024 Garza, Jose Rene (Mr.) \$1,000.00 6 Contributor address; City; State; Zip Code McAllen, TX 78504 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) private business owner Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 Garza, Kareena (Mrs.) \$3.82 Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/18/2024 Garza, Martin (Dr.) \$50.00 Contributor address; City; State; Zip Code Linn, TX 78563 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 \$5.00 Garza Jr, Ruben (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/18/2024 \$1,000.00 Gelman, Lawrence (Dr.) Contributor address; City; State; Zip Code mcallen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/66 Rpt: 24/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Giraldo, Alvaro (Dr.)	/	-	(1)	\$100.00
	_0,_0,_0_	6 Contributor address; City; State; Zip Code				+_00.00
		Contributor address, City, State, Zip Code				
		McAllen, TX 78504				
8	Principal occu		9 Employer (See Instructions	<u> </u> ເ)		
ľ	Dr.			<i>י</i>		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Gomez, Felipe (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Gomez, Juan Pablo (Dr.)				\$200.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Gomez, Marco (Mr.)				\$50.00
		Contributor address; City; State; Zip Code				
		contributor address, only, state, zip code				
		Edinburg, TX 78539				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	private inves			,		
⊨	-			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#00.00
	10/18/2024					\$20.00
		Contributor address; City; State; Zip Code				
L		Edinburg, TX 78539				
I		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Doctor					
1						
1						

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

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/66 Rpt: 26/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Gonzalez, Jesus (Mr.)				\$25.00
		6 Contributor address; City; State; Zip Code				
		Edinburg, TX 78542				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private inves	tor				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Gonzalez, Roberto (Dr.)	/		,	\$25.00
		Contributor address; City; State; Zip Code				· · ·
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Doctor		• •			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Gonzalez Jr, Alfonso (Mr.)	/			\$10.00
	10, 10, 2	Contributor address; City; State; Zip Code				*=*:
		Continuation address, City, State, Zip Code				
		Brownsville, TX 78521				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Griego, Enrique (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		Pharr, TX 78577				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	M.D.					
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Guadarrama, Delisa (Dr.)				\$114.72
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
┢		1				

SCHEDULE	A1
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	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/66 Rpt: 27/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Guajardo, Maria Ruby (Dr.)				\$81.37
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	L;)		
	doctor	· · · · ·				
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	<u> </u>	Amount of Contribution (\$)	
	10/18/2024)		Amount of Contribution (\$)	\$500.00
	10/10/2024	Guardia, Juan A. (Dr.)				Φ200.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor)		
╘						
	Date	—)		Amount of Contribution (\$)	
	10/18/2024	Guerra, Daniel (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Guerra, Ernesto (Mr.)				\$76.48
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78502				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private busin	ess owner				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Guerra, R.Marcy (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78541				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dr.					
			1			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 25/66 Rpt: 28/73	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Border Healt	ih PAC		00055547	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/18/2024	Gummadi, Sarada (Dr.)			\$25.00
	6 Contributor address; City; State; Zip Code			
	Mission, TX 78572			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/18/2024	Gutierres, Marco (Dr.)			\$1,000.00
	Contributor address; City; State; Zip Code			
	Edinburg, TX 78539			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/18/2024	Gutierrez, Alberto (Dr.)	· · · · · · · · · · · · · · · · · · ·		\$250.00
	Contributor address; City; State; Zip Code			
	Edinburg, TX 78539			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/18/2024	Gutierrez, Miguel (Dr.)	· · · · · · · · · · · · · · · · · · ·		\$250.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78501			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Dr.				
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/18/2024	Guzman, Eduardo (Dr.))		\$300.00
	Contributor address; City; State; Zip Code			+000.00
	Contributor address, City, State, Zip Code			
	Penitas, TX 78504			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Doctor			,	

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

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/66 Rpt: 30/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Hensler, Monique (Ms.)				\$25.00
		6 Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Hernandez, Ambrosio (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		San Juan, TX 78589				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/18/2024	Hernandez, Cristela (Dr.)				\$200.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Hernandez, Lisa (Ms.)				\$20.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Hernandez, Max (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
⊢	Delectrol	McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
⊢	Dr.					
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 28/66 Rpt: 31/73 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 5 Full name of contributor 4 out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/18/2024 Hinojosa, Martha (Ms.) \$10.00 6 Contributor address; City; State; Zip Code McAllen, TX 78504 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 Honrubia, Dynio (Dr.) \$100.00 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr. Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/18/2024 Honrubia, Vincent (Dr.) \$1,000.00 Contributor address; City; State; Zip Code McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 \$250.00 Igoa, Jose (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 10/18/2024 \$200.00 Irigoyen, Fructuoso (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78501 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 29/66 Rpt: 32/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
	10/18/2024	Jelinek, Michael T (Dr.)				\$191.19
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Doctor			-		
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	10/18/2024	Jimenez-Flores, Danielle (Dr.)				\$200.00
		Contributor address; City; State; Zip Code		1		
		Mission, TX 78572	-			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	10/18/2024	Joule, Donna-Gail (Dr.)				\$25.00
		Contributor address; City; State; Zip Code]		
		McAllen, TX 78501				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor 🛛 out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	10/18/2024	Kalaf, Nelson (Dr.)				\$500.00
		Contributor address; City; State; Zip Code		1		
		Mcallen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	10/18/2024	Kalantari, Saeed (Mr.)				\$20.78
		Contributor address; City; State; Zip Code]		
		Ladiacan TV 70550				
	Duin 1 1	Harlingen, TX 78552	French (C			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves					
1						

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/66 Rpt: 33/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	ŕ
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/18/2024	Kanhere, Gauri (Dr.)				\$250.00
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·	ſ			
			ſ			
		Rio Grande, TX 78582	ſ			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Khademi, Kambiz (Mr.)	ſ			\$40.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78502	ſ			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Khan, Muhammad (Dr.)				\$20.00
		Contributor address; City; State; Zip Code				
			ſ			
			ſ			
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Kiani, Gholam (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504	-			
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Kotaki, Mohammad H. (Dr.)				\$250.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 31/66 Rpt: 34/73 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/18/2024 Lares, Irene (Ms.) \$10.00 6 Contributor address; City; State; Zip Code Edinburg, TX 78539 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 Lazaro, Fernando (Mr.) \$250.00 Contributor address; City; State; Zip Code McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/18/2024 Leal, Ramiro (Dr.) \$50.00 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 \$250.00 Ledesma, Raul (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/18/2024 \$200.00 Lema, Rodrigo (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor

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

The Instruction Guide explains how to complete this form.					1	Total pages Schedule A1: Sch: 33/66 Rpt: 36/73	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Border Health PAC					00055547	
4	Date	Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
	10/18/2024 Lineberger, Dale (Mr.)					\$1,000.00	
		6 Contributor address; City; State; Zip Code					
		Manchaca, TX 78652					
8	Principal occu	pal occupation / Job title (See Instructions)9 Employer (See Instruction)			5)		
	private investor						
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	10/18/2024	0/18/2024 Lizcano, Mario (Mr.)					\$5.00
		Contributor address; City; State; Zip Code					
		McAllen, TX 78501					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	private investor						
	Date Full name of contributor Image: out-of-state PAC (ID#:)		Amount of Contribution (\$)	
							\$30.00
	Contributor address; City; State; Zip Code						
	Pharr, TX 78577						
	Principal occupation / Job title (See Instructions) Employer (See Instruct				5)		
private investor							
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024 Loja, Wilmer (Dr.)						\$100.00
	Contributor address; City; State; Zip Code						
		MaAllan TV 70502					
⊢	Dringinglassy	McAllen, TX 78503					
	Principal occupation / Job title (See Instructions) Employer (See Instruction				5)		
╘	Dr.						
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	±00.05
	10/18/2024	Lopez, Jose (Dr.)					\$62.35
	Contributor address; City; State; Zip Code						
		Palmhurst TX 78573					
⊢	Drinoinal accord	Palmhurst, TX 78573					
Principal occupation / Job title (See Instructions) doctor			Employer (See Instructions	9			
⊢							

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 34/66 Rpt: 37/73 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/18/2024 Lopez, Pamela (Ms.) \$25.00 6 Contributor address; City; State; Zip Code Pharr. TX 78577 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 Lopez Jr., Alfredo (Dr.) \$100.00 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/18/2024 Lozano, Rodolfo (Dr.) \$250.00 Contributor address; City; State; Zip Code Mission, TX 78574 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 \$25.00 Lozano, Sergio (Mr.) Contributor address; City; State; Zip Code Weslaco, TX 78596 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 10/18/2024 \$19.12 Mabulac, Deborah (Ms.) Contributor address; City; State; Zip Code Edinburg, TX 78541 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 35/66 Rpt: 38/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7	Amount of Contribution (\$)	
	10/18/2024	Malcom, Javier (Mr.)				\$10.00
	ł	6 Contributor address; City; State; Zip Code		1		
	ł					
	ł					
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID)		Amount of Contribution (\$)	
	10/18/2024	Mangi, Salil (Dr.)				\$1,000.00
	ŕ	Contributor address; City; State; Zip Code		1		
	ł					
	ł					
	ſ	McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dr.					
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Mangoo-Karim, Robert (Dr.)				\$125.00
	ł	Contributor address; City; State; Zip Code		1		
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	· · · · · · · · · · · · · · · · · · ·	McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID)		Amount of Contribution (\$)	
	10/18/2024	Manoharan, Paulrajan (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
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	· · · · · · · · · · · · · · · · · · ·	McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID)		Amount of Contribution (\$)	
	10/18/2024	Manrique, Carlos (Dr.)				\$1,000.00
	ŕ	Contributor address; City; State; Zip Code		1		
	ł					
	ł					
	ł	Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 36/66 Rpt: 39/73	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
Border Heal	th PAC		00055547	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/18/2024	Marichalar, Luis (Mr.)			\$50.00
	6 Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Private Inve	stor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/18/2024	Marina, Jose Mario (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Mission, TX 78573			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
physician				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/18/2024	Marquez, Luis A. (Mr.)			\$5.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78552			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
private inves	stor			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/18/2024	Martinez, Ricardo (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	Edinburg, TX 78539			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Doctor		Self-employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/18/2024	Mata, Nelson (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78501			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Dr.				

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/66 Rpt: 40/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/18/2024	Mathavan, Rajeen (Dr.)				\$38.24
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	McNutt, Kimberly (Ms.)				\$25.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Medina, Bertha (Dr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Medina, Javier (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78574				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	M.D.					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Medina, Lorena (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				

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

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

SCHEDULE	A1
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	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/66 Rpt: 43/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC		-	00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Mitchell, Jo Ann (Dr.)				\$9.56
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78502				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor					
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Mohamed, Samira (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		McAllen, TX 78504				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נ)		
	Doctor			''		
╘				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Mohme, Ruben (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Montes, Jorge A. (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
\vdash	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u> ו		
	Doctor			<i>''</i>		
╞						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Montes, Laura (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor					
\vdash						

	The Instrue	ction Guide explains how to com	plete this fo	rm.	1	Total pages Schedule A1: Sch: 41/66 Rpt: 44/73	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC				00055547	,
4	Date		state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Morales, Carlos E (Dr.)					\$1,000.00
		6 Contributor address; City; State; Zip Co	ode				
		McAllen, TX 78503					
8		pation / Job title (See Instructions)	9	B Employer (See Instructions	5)		
	Doctor						
	Date	Full name of contributor out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Moreno, Juan (Mr.)					\$15.00
		Contributor address; City; State; Zip Co					
		Alton, TX 78574					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	private inves	tor					
	Date	Full name of contributor out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Moreno, Leonel (Dr.)					\$250.00
		Contributor address; City; State; Zip Co					
		Mission, TX 78503					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Doctor						
	Date	Full name of contributor out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Mulukutla, Surya Narayan (Dr.)					\$50.00
		Contributor address; City; State; Zip Co	ode				
		Edinburg, TX 78539					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	physician						
	Date	Full name of contributor out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Munoz, Roberto (Dr.)					\$124.69
		Contributor address; City; State; Zip Co	ode				
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Doctor						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 42/66 Rpt: 45/73 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Border Health PAC 00055547 Date 5 Full name of contributor 4 out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/18/2024 Nagaraj, Namitha (Dr.) \$25.00 6 Contributor address; City; State; Zip Code Mission, TX 78572 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 Nunez, Zoraly (Ms.) \$275.00 Contributor address; City; State; Zip Code McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/18/2024 Ochoa, Esmeralda (Mrs.) \$8.31 Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 Ochoa, Kristy (Ms.) \$10.00 Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) private investor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/18/2024 \$100.00 Ogunlana, Victor (Dr.) Contributor address; City; State; Zip Code Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor

SCHEDULE	A1
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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 43/66 Rpt: 46/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Ohabor, Chioma (Ms.)				\$50.00
		6 Contributor address; City; State; Zip Code		1		
Ļ	D i sizzi eeu	McAllen, TX 78504		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Private Inves	;tor				
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Ohabor, Constantine (Ms.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Private Inves	stor				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Olgin, Gaudencio (Dr.)				\$125.00
		Edinburg, TX 78539				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physician					
╞	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/18/2024	Oliveira, Noel E (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				-
		Mission, TX 78572				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Doctor			,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Orfanos, John (Dr.)	/		Allount of Contribution (*)	\$200.00
	10,10,202.					Ψ <u>2</u> 00100
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
\vdash	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> וו		
	Doctor			"		
\vdash						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/66 Rpt: 47/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Otero, Fernando (Dr.)				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		mcallen, TX 78502				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Owen, Kip (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Ozuna, Ronnie (Mr.)				\$9.56
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor	<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Padilla, Maritza (Ms.)				\$41.56
		Contributor address; City; State; Zip Code				
	Dringing Lagon	Weslaco, TX 78599	Enveloper (Operations)	Ĺ		
	private inves	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			L			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	*5000
	10/18/2024	Palacios, Esteban (Mr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78540				
	Drinoinal agou	-	Employer (See Instructions	<u> </u>		
	private inves	pation / Job title (See Instructions)	Employer (See Instructions)		
	private inves		L			

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

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 46/66 Rpt: 49/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
Ľ	10/18/2024	Pena, Victor (Mr.)	/		/ inician of Contribution (+)	\$5.00
	10/10/2021	6 Contributor address; City; State; Zip Code				40.00
		Contributor address, City, State, Zip Code				
		Mission, TX 78574				
	Principal occu		9 Employer (See Instructions	<u> </u>		
ľ	private inves			9		
	-					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Peralez, Rosie (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Private Inves	stor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Perez, Ernie (Mr.)				\$25.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78502-5360				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	private busir	ess owner				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Perez, Florencia	/		/ inician of Contribution (+)	\$100.00
	10/10/2021					\$100.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Doctor			·)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+=0.00
	10/18/2024					\$50.00
		Contributor address; City; State; Zip Code				
L		Edinburg, TX 78539				
1		pation / Job title (See Instructions)	Employer (See Instructions)		
L	Doctor					
1						

	The Instruc	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 47/66 Rpt: 50/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	ih PAC			00055547	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Perez, Guillermo (Dr.)				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
_		McAllen, TX 78501		Ĺ		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Doctor		<u> </u>	-		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	±10.00
	10/18/2024					\$10.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Drincipal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	private inves			5)		
			<u> </u>	1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 20.60
	10/18/2024	Peynado, Herrietta (Ms.)				\$28.68
		Contributor address; City; State; Zip Code				
		Mercedes, TX 78570				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> 5)		
	private inves			,		
	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Pierre-Louise, Michael (Dr.)			,	\$50.00
		Contributor address; City; State; Zip Code				-
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Physician		Self-employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/18/2024	Pillai, Revi (Mr.)				\$9.56
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
		ipation / Job title (See Instructions)	Employer (See Instructions)	5)		
	private inves	tor				
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SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 48/66 Rpt: 51/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor Out-of-state PAC (ID)#:)	7	Amount of Contribution (\$)	
	10/18/2024	Prieto-Harris, Roberto (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code		•		
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID)	Г	Amount of Contribution (\$)	
	10/18/2024	Puttagunta, Sobha (Ms.)	/			\$10.00
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
⊨	Date	Full name of contributor Out-of-state PAC (ID)#:)	Г	Amount of Contribution (\$)	
	10/18/2024	Quach, Tin (Dr.)				\$5.00
				1		
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID)#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Rafols, Rafael (Dr.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician/Se	lf-employeed				
	Date	Full name of contributor out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	10/18/2024	Ramirez, Luis (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
L		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Doctor					
1						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 49/66 Rpt: 52/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Ramos, Thelma (Ms.)				\$15.00
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private busir	ess owner				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Rangel, Soraya (Mr.)	/			\$5.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)		
	, private inves			,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/18/2024	Rao, Yohan (Dr.))			\$25.00
	10/10/2024			-		Ψ20.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	private inves	,		-)		
╞	-		\	<u> </u>	Amount of Contribution (\$)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	10/18/2024	Reddy, Vangala J (Dr.)				\$200.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
⊢	Drineirelessu					
	Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	DUCIOI			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Rios, Adriana (Ms.)				\$10.00
		Contributor address; City; State; Zip Code				
		Weslaco, TX 78599	·			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
			-			

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

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 51/66 Rpt: 54/73
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Border Heal	th PAC		00055547
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
10/18/2024	Rodriguez, Edgar (Dr.)		\$100.00
	6 Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/18/2024	Rodriguez, Maria (Ms.)		\$10.00
	Contributor address; City; State; Zip Code		
	Weslaco, TX 78596		
	ipation / Job title (See Instructions)	Employer (See Instructions	;)
private inves	stor		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/18/2024	Rodriguez, Ofelia (Dr.)		\$50.00
	Contributor address; City; State; Zip Code		
	Mcallen, TX 78504		
-	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	<i>;</i>)
Doctor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/18/2024	Rodriguez, Sergio (Dr.)		\$18.75
	Contributor address; City; State; Zip Code		
	MaAllan TX 78504		
Dringing ago	McAllen, TX 78504	Employer (See Instructions	
Physician	ipation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/18/2024	Rodriguez-Ayala, Heriberto (Dr.)		\$62.35
	Contributor address; City; State; Zip Code		
	McAllen, TX 78502		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	2)
Doctor			<i>v</i>

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

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 53/66 Rpt: 56/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
	10/18/2024	Saenz, Jennifer (Ms.)				\$25.00
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID	#:)	Т	Amount of Contribution (\$)	
	10/18/2024	Saenz, Jessica (Ms.)				\$25.00
		Contributor address; City; State; Zip Code				
		Mcallen, TX 78502				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Private inves	tor				
F	Date	Full name of contributor out-of-state PAC (ID	#:)	Г	Amount of Contribution (\$)	
	10/18/2024	Saenz, Vanessa (Ms.)	,			\$10.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78541				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID	#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Saffels, Nathan (Mr.)				\$10.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID	#:)	Ι	Amount of Contribution (\$)	
	10/18/2024	Safir, Larry (Mr.)				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Mcallen, TX 78503				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	private inves	tor				

SCHEDULE	A1
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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 54/66 Rpt: 57/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Saladino, Nicole (Ms.)				\$5.00
		6 Contributor address; City; State; Zip Code		1		
		Mission, TX 78572				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Salazar, Juan J. (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Saldivar, Aida (Ms.)				\$10.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Salinas, Annabelle (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
	<u> </u>	McAllen, TX 78501		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Salinas, Mariano (Dr.)				\$150.00
		Contributor address; City; State; Zip Code				
		Mission TV 79572				
┝	Dringingl oppu	Mission, TX 78572	Employer (See Instructions	<u> </u>		
	Principal occu Dr.	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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SCHEDULE	A1
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The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 55/66 Rpt: 58/73
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Border Hea	Ith PAC		00055547
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/18/2024			\$9.56
10, 10, 11			•
	6 Contributor address; City; State; Zip Code		
	McAllen, TX 78503		
			<u> </u>
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)
private inve	stor		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/18/2024	Salinas, Samuel (Mr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Mission, TX 78572		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
private inve		- F - 7 - X	·
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/18/2024	Sanchez, Elisa Garza (Dr.)		\$125.00
	Contributor address; City; State; Zip Code		
	Mission, TX 78572		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	»)
doctor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/18/2024			\$166.25
			•
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
Dringinglago			<u> </u>
·	upation / Job title (See Instructions)	Employer (See Instructions	3)
doctor			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/18/2024	Sandoval, Gilberto (Mr.)		\$10.00
	Contributor address; City; State; Zip Code		•
	Brownsville, TX 78520		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
private inve			,
1 ⁻			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 56/66 Rpt: 59/73	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
Border Healt	h PAC		00055547	
4 Date 10/18/2024	5 Full name of contributor out-of-state PAC (ID#: Sandoval, Oscar (Mr.))	7 Amount of Contribution (\$)	\$25.00
	6 Contributor address; City; State; Zip Code			
	Edcouch, TX 78538			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
private inves	tor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/18/2024	Sarmiento Cano, Juan P. Javier (Dr.)			\$50.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions	·)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/18/2024	Seas, Manuel (Dr.)		\$	250.00
	Contributor address; City; State; Zip Code McAllen, TX 78504			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Doctor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/18/2024	Serna, Samuel (Dr.)			100.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
Principal occu doctor	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/18/2024	Shuaib, Tawid (Dr.)			000.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78503			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Doctor				
		<u> </u>		

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 57/66 Rpt: 60/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (IE)#:)	7	Amount of Contribution (\$)	
	10/18/2024	Siberman, Herschi (Dr.)				\$200.00
		6 Contributor address; City; State; Zip Code		ł		
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (IE)		Amount of Contribution (\$)	
	10/18/2024	Siedow, Stephen (Dr.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504	-			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physician					
	Date	Full name of contributor out-of-state PAC (IE)#:)		Amount of Contribution (\$)	
	10/18/2024	Sifuentes, Pamela (Ms.)				\$15.00
		Contributor address; City; State; Zip Code		1		
		Weslaco, TX 78596				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves			_		
	Date	Full name of contributor 🛛 out-of-state PAC (IE)#:)		Amount of Contribution (\$)	
	10/18/2024	Singh, Manish (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78503				
_	Drinoinal again		Employer (See Instructions	<u> </u>		
	Doctor	pation / Job title (See Instructions)		5)		
╘						
	Date	Full name of contributor out-of-state PAC (IE)#:)		Amount of Contribution (\$)	# 05.00
	10/18/2024					\$25.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	private inves			<i>.</i> ,		
⊢	pintato invos					

	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 58/66 Rpt: 61/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Soto, Hector (Dr.)				\$250.00
		6 Contributor address; City; State; Zip Code				
		MaAllon TV 70502				
Ļ	Drincinal occu	McAllen, TX 78503 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
0	Doctor			<i>)</i>		
	Date	Full name of contributor out-of-state PAC (ID#:	I)	Γ	Amount of Contribution (\$)	
	10/18/2024	Sustaita, Raul (Mr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Donna, TX 78537				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves		<u> </u>	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Swarup, Jyothi (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Tamez, Daniel (Mr.)				\$3.82
		Contributor address; City; State; Zip Code				
_	Dringing ogg	Alton, TX 78573	Employer (See Instructions	<u> </u>		
	private inves	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			<u> </u>	_	Amount of Contribution (f)	
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#: Tey, Alejandro (Dr.))		Amount of Contribution (\$)	\$250.00
	10/10/2024	Contributor address; City; State; Zip Code				Ψ200.00
		Contributor address, City, State, Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	. 5)		
	M.D.					
			<u>.</u> I			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 59/66 Rpt: 62/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Tharp, Maribel (Ms.)	/	-	(1)	\$15.00
		6 Contributor address; City; State; Zip Code				+_0.00
		Contributor address, City, State, Zip Code				
		Mission, TX 78572				
8	Principal occu		9 Employer (See Instructions	<u> </u> ເ)		
ľ	private inves			"		
╘	-					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Tijerina, Erica (Ms.)				\$20.00
		Contributor address; City; State; Zip Code				
		Pharr, TX 78577				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Tovar, Sandra (Ms.)				\$10.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	private inves	tor				
⊢	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Trejo, Jose (Mr.)				\$250.00
		Contributor address; City; State; Zip Code				
		contributor address, only, state, zip code				
		McAllen, TX 78501				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	private busin			,		
⊨	•			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#050.00
	10/18/2024					\$250.00
		Contributor address; City; State; Zip Code				
L		McAllen, TX 78504				
I	_	pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Doctor					
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	The Instruc	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 60/66 Rpt: 63/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Healt	h PAC			00055547	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Trevino, Kyara J. (Ms.)				\$5.00
		6 Contributor address; City; State; Zip Code		1		
		La Joya, TX 78560				
8		· · ·	9 Employer (See Instructions	5)		
	private inves	tor				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Turley, Susan (Mrs.)				\$250.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private busin	ess owner				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Twahiwa, Marcel (Dr.)				\$250.00
		Contributor address; City; State; Zip Code		1		
		Mission, TX 78572				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)	'	Amount of Contribution (\$)	
	10/18/2024	Uribe, Lourdes (Dr.)]		\$50.00
		Contributor address; City; State; Zip Code				
		Madlen TV 70E04				
┡	Dringingl oppu	McAllen, TX 78504	Employer (See Instructions	<u> </u>		
	Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:))	'	Amount of Contribution (\$)	±100.00
	10/18/2024	Valladares, Teresa (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Mission TV 79572				
┝	Drinsipal acou	Mission, TX 78572	Employer (Cool potruptions	->		
	Principal occu M.D	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	M.D					

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 61/66 Rpt: 64/73
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Border Healt			00055547
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/18/2024	Vasquez, Jose, A (Dr.)		\$250.00
	6 Contributor address; City; State; Zip Code		
	Rio Grande , TX 78582		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
Doctor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/18/2024	Veeramachaneni, Ravindra (Dr.)		\$25.00
	Contributor address; City; State; Zip Code		
	Mission, TX 78572		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Doctor			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/18/2024	Vela, Carlos Ian (Mr.)		\$28.68
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
private inves	stor		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/18/2024	Vela, Efraim (Dr.)		\$250.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78503		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
Doctor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/18/2024	Vela, Oscar Rene (Mr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))
Private inves	stor		

SCHEDULE	A1
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Т	he Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 62/66 Rpt: 65/73	
2 Fl	ILER NAME			3	Filer ID (Ethics Commission	n Filers)
В	order Healt	h PAC			00055547	
4 Da	ate	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
1(0/18/2024	Vela, Susana (Ms.)				\$10.00
		6 Contributor address; City; State; Zip Code		ł		
		Mission, TX 78572				
8 Pr	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
pr	rivate inves	tor				
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
1(0/18/2024	Velazquez, Orlando (Mr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Mission, TX 78572				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
pr	rivate inves	tor				
Da	ate	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10	0/18/2024	Velazquez, Rolando (Mr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Raymondville, TX 78580				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
pr	rivate inves					
	ate	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10	0/18/2024	Vera, Eloy (Mr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Die Crande City, TV 79592				
	rincipal coou	Rio Grande City, TX 78582	Employer (Cap Instructions			
	rincipal occu rivate inves	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				1		
	ate	Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	ቀሳርስ ሰሳ
τı	0/18/2024	Villarreal, Rose Maria (Ms.)				\$250.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
Pr	rincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ב)		
	rivate inves			,		
1-						

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

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

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 65/66 Rpt: 68/73	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Border Health PAC				00055547	-
4	Date 5 Full name of contributor Out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
	10/18/2024	Wong, Antonio (Dr.)				\$250.00
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Yanez, Sandra (Ms.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		Alton, TX 78573				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	private inves	tor				
	Date	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
	10/18/2024 Yarra, Subbarao (Dr.)					\$100.00
	Contributor address; City; State; Zip Code					
		MaAllan TV 79504				
⊢	McAllen, TX 78504					
	Doctor	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╘						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#050.00
	10/18/2024	Zamir, Asif (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ນ		
	doctor			,		
╞		Full name of contributor Out-of-state PAC (ID#:	\ \	<u> </u>	Amount of Contribution (¢)	
	Date 10/18/2024)		Amount of Contribution (\$)	\$10.00
					Ψ10.00	
	Contributor address; City; State; Zip Code					
		McAllen, TX 78504				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
private investor						
⊢						

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this for	m.		Total pages Schedule A1: Sch: 66/66 Rpt: 69/73
2	FILER NAME Border Healt	ih PAC			Filer ID (Ethics Commission Filers) 00055547
4	Date 10/18/2024	 5 Full name of contributor out-of-state PAC (ID#:Zayed, Fuad (Dr.) 6 Contributor address; City; State; Zip Code Alton, TX 78573)	7 /	Amount of Contribution (\$) \$75.00
8	Principal occu physician	1	Employer (See Instructions self-employed	i 6)	

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/Politica Credit Card Payment	Event Expense Loan Repaym Fees Office Overhee Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expen	ent/Reimbursement Solicitation/Fundraising Expense tad/Rental Expense Transportation Equipment & Related Expense Travel in District se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FII FR NAMF	3 Filer ID (Ethics Commission Filers)					
Sch: 1/1 Rpt: 70/73	Border Health PAC	00055547					
4 Date	5 Payee name						
10/09/2024	Cortez, Phil (Rep.)						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$5,000.00	2600 SW Millitary Dr. Suite 211						
Expenditure from corporate funds	San Antonio, TX 78224						
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee 	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contribution					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
expenditure to benefit C/OI	⁺ Cortez, Phil (Rep.)	State Representative District					
Date	Payee name						
10/09/2024	Martinez-Fischer, Trey (Rep.)						
Amount (\$)	Payee address; City; State; Zip Code						
\$10,000.00							
Expenditure from corporate funds	San Antonio, TX 78228						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee 	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contribution					
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
expenditure to benefit C/OI	¹ Martinez-Fischer, Trey (Rep.)	State Representative District					
Date	Payee name						
10/08/2024	Ramirez, Joe (Judge)						
Amount (\$)							
\$5,000.00 100 N. Closer 3rd floor							
Expenditure from corporate funds	Edinburg, TX 78539						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee 	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Ramirez, Joe (Judge)	Office held District Judge District 464					

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

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

SCHEDULE K

	The Instruction Guide explains how to complete this form				otal pages Schedule K: ch: 1/1 Rpt: 73/73		
2	2 FILER NAME 3 Filer I			Filer ID	D (Ethics Commission Filers)		
	Border Health PAC 0005			00055	5547		
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	
	09/30/2024		Lone Star National Bank			\$508.23	
		6	Address of person from whom amount is received; City; State; Zip Code				
		<u> </u>	mcallen, TX 78502				
		7		if polition	cal conti	ribution returned to filer	
<u> </u>			quarterly interest credited				