

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

|   |  |   |   |                                   |
|---|--|---|---|-----------------------------------|
| <b>The MPAC Instruction Guide explains how to complete this form.</b>                         |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00055547 | <b>2</b> Total pages filed:<br>71                   |                                   |
| <b>3</b> COMMITTEE NAME<br>Border Health PAC  |  |   | <b>OFFICE USE ONLY</b>                              |                                   |
|   |  |   | Date Received<br>ELECTRONICALLY FILED<br>12/04/2024 |                                   |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>612 W. Nolana, Ste. 340<br><br>McAllen, TX 78504  |   | Date Hand-delivered or Date Postmarked              |                                   |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mr.   | FIRST<br>Ernie  | MI<br>MI  | Receipt #                  Amount |
|   | NICKNAME   | LAST<br>Perez   | SUFFIX  | Date Processed                    |
|   |  |   |   | Date Imaged                       |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>612 W. Nolana, Ste. 340<br><br>McAllen, TX 78504  |   |   |                                   |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>612 W. Nolano, Ste. 340<br><br>McAllen, TX 78504   |   |   |                                   |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION   |                                   |
|   | (956)  | 994-9757  |   |                                   |
| <b>9</b> REPORT TYPE  | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)  |   |   |                                   |
| <b>10</b> MONTHLY REPORT FILING DEADLINE  | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input checked="" type="checkbox"/> December 5 |   |   |                                   |
| <b>11</b> PERIOD COVERED  | Month    Day    Year   | THROUGH   | Month    Day    Year                                |                                   |
|   | 10/26/2024   |   | 11/25/2024  |                                   |

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

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

|                               |   |               |
|-------------------------------|---|---------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00       |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 65,492.79  |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 0.00       |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 52,500.00  |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 549,405.44 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 0.00       |

**16 AFFIDAVIT**

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

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - MPAC

|   |   |   |
|---|---|---|
| <b>17 COMMITTEE NAME</b><br>Border Health PAC |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00055547 |
| <b>19 SCHEDULE SUBTOTALS</b>                  |   | <b>SUBTOTAL AMOUNT</b>                                    |
|   | NAME OF SCHEDULE  |   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 65,492.79  |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$  |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.  | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 10.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 52,500.00  |
| 11.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 12.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$  |
| 13.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 14.   | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS           | \$ 26,331.25  |
| 15.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/65 Rpt: 4/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547 |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ilinas-Cepeda, Jose Alejandro (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$80.00          |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>physician |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Aboujamous, Riad (Mr.)                       | Amount of Contribution (\$)<br>\$25.00                   |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private investor   |  | Employer (See Instructions)                              |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Abreu, Charity (Dr.)                         | Amount of Contribution (\$)<br>\$250.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor             |  | Employer (See Instructions)                              |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Agapito, Adrian (Dr.)                        | Amount of Contribution (\$)<br>\$8.31                    |
|   | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)<br>Self-employed             |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ahmed, Adnam (Dr.)                           | Amount of Contribution (\$)<br>\$100.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)<br>Self-employed             |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/65 Rpt: 5/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547 |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Alam, Golam (Dr.) | <b>7</b> Amount of Contribution (\$)                     |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503                                   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Alexander, Justin (Mr.)    | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78550  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                              |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Alhroob, Assad (Dr.)       | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)                              |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ali, Sardar (Mr.)          | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>Private investor |  | Employer (See Instructions)<br>self employed             |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Aliseda, Ernest (Mr.)      | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Private Investor |  | Employer (See Instructions)<br>Self-employed             |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/65 Rpt: 6/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547 |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Allan, Tareq (Mr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504 | <b>7</b> Amount of Contribution (\$)<br><br>\$62.35      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Almedia, Hillary (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503               | Amount of Contribution (\$)<br><br>\$75.00               |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                              |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Almedia, Jose (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Boerne, TX 78015                   | Amount of Contribution (\$)<br><br>\$57.36               |
| Principal occupation / Job title (See Instructions)<br>physician                 |   | Employer (See Instructions)                              |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Alsabagh, Mourad (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539              | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>physician                 |   | Employer (See Instructions)                              |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Alvarez, Michelle (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504              | Amount of Contribution (\$)<br><br>\$5.00                |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 4/65 Rpt: 7/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547 |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Apolinario, Jumar (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>doctor  |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Aquino, Eduardo (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                     | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)                              |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Arafat, Numan (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503                       | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>doctor           |  | Employer (See Instructions)                              |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Aranguena Sharpe, Gudadalupe (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504        | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Physician        |  | Employer (See Instructions)                              |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Arellano-Rodriguez, Anabel (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501          | Amount of Contribution (\$)<br><br>\$8.31                |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 5/65 Rpt: 8/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547 |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Arrazola, Pedro (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$250.00         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Asase, Danilo (Dr.)            | Amount of Contribution (\$)<br>\$100.00                  |
|  | Contributor address; City; State; Zip Code<br><br>Brownsville, TX 78526  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                              |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Asistores, Marilyn (Dr.)       | Amount of Contribution (\$)<br>\$75.00                   |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                              |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Asuage, Juan (Dr.)             | Amount of Contribution (\$)<br>\$250.00                  |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                              |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Aude, Wady (Dr.)               | Amount of Contribution (\$)<br>\$25.00                   |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                              |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 6/65 Rpt: 9/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547 |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Avelino, Arturo (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$83.13      |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Badiga, Murthy (Dr.)           | Amount of Contribution (\$)<br><br>\$250.00              |
|  | Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78596  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                              |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Barreda Jr., Raul (Dr.)        | Amount of Contribution (\$)<br><br>\$10.00               |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                              |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Barrera, Richard (Dr.)         | Amount of Contribution (\$)<br><br>\$210.31              |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78573  |  |
| Principal occupation / Job title (See Instructions)<br>Physician                 |  | Employer (See Instructions)<br>self-employed             |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bazan, Johnny (Dr.)            | Amount of Contribution (\$)<br><br>\$10.00               |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 7/65 Rpt: 10/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547  |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bejarano, Jose (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$191.19      |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                      |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)<br>self-employed     |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bernini, Juan (Dr.)           | Amount of Contribution (\$)<br><br>\$250.00               |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor             |   | Employer (See Instructions)                               |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bose, Ashley (Dr.)            | Amount of Contribution (\$)<br><br>\$50.00                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor             |   | Employer (See Instructions)                               |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bose, Sarojini (Dr.)          | Amount of Contribution (\$)<br><br>\$1,000.00             |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor             |   | Employer (See Instructions)                               |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bracamontes, Yvonne (Dr.)     | Amount of Contribution (\$)<br><br>\$100.00               |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor             |   | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 8/65 Rpt: 11/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547  |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cadena, Sandra (Ms.) | <b>7</b> Amount of Contribution (\$) \$5.00               |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                      |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Private Investor |   | <b>9</b> Employer (See Instructions)<br>Self-employed     |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Canales, Ricardo (Dr.)        | Amount of Contribution (\$) \$200.00                      |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                               |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Canals, Desi (Dr.)            | Amount of Contribution (\$) \$25.00                       |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78573   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                               |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cantu, Alonzo (Mr.)           | Amount of Contribution (\$) \$1,000.00                    |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |   |
| Principal occupation / Job title (See Instructions)<br>private business owner    |   | Employer (See Instructions)                               |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cantu, David (Mr.)            | Amount of Contribution (\$) \$30.00                       |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |   |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 9/65 Rpt: 12/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547  |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cantu, Leonel (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$200.00      |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                                    |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dr.     |  | <b>9</b> Employer (See Instructions)                      |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cantu, Melissa (Ms.)         | Amount of Contribution (\$)<br><br>\$100.00               |
|   | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577  |   |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                               |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Caporusso, Joseph M. (Dr.)   | Amount of Contribution (\$)<br><br>\$50.00                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |   |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)                               |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cardenas, Carlos J. (Dr.)    | Amount of Contribution (\$)<br><br>\$1,000.00             |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |   |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)                               |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cardenas, Simon (Mr.)        | Amount of Contribution (\$)<br><br>\$5.00                 |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |   |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
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| <b>The Instruction Guide explains how to complete this form.</b>        |  | 1 Total pages Schedule A1:<br>Sch: 10/65 Rpt: 13/71 |
| 2 FILER NAME<br>Border Health PAC                                       |  | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>11/22/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Carreras, Jose (Dr.)       | 7 Amount of Contribution (\$) \$400.00              |
|   | 6 Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |   |
| 8 Principal occupation / Job title (See Instructions)<br>Dr             |  | 9 Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Castaneda, Marissa (Ms.)     | Amount of Contribution (\$) \$50.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |   |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Castillo, James (Dr.)        | Amount of Contribution (\$) \$57.36                 |
|   | Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78550  |   |
| Principal occupation / Job title (See Instructions)<br>Physician        |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Castillo, Melany (Dr.)       | Amount of Contribution (\$) \$124.89                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |   |
| Principal occupation / Job title (See Instructions)<br>physician        |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cavazos - Salas, Norma (Dr.) | Amount of Contribution (\$) \$100.00                |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |   |
| Principal occupation / Job title (See Instructions)<br>Dr.              |  | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 11/65 Rpt: 14/71                       |
| <b>2</b> FILER NAME<br>Border Health PAC                                |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547                         |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Changlani, Mahesh (Dr.) | <b>7</b> Amount of Contribution (\$) <span style="float:right">\$1,000.00</span> |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |  | <b>9</b> Employer (See Instructions)   |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chavez Paz, Juan (Dr.)           | Amount of Contribution (\$) <span style="float:right">\$25.00</span>             |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Physician        |  | Employer (See Instructions)<br>self-employed                                     |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chen, Di (Dr.)                   | Amount of Contribution (\$) <span style="float:right">\$50.00</span>             |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>Physician        |  | Employer (See Instructions)  |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cherian, Ally (Ms.)              | Amount of Contribution (\$) <span style="float:right">\$20.00</span>             |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)  |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cooper-Dockery, Dona (Dr.)       | Amount of Contribution (\$) <span style="float:right">\$125.00</span>            |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>M.D              |  | Employer (See Instructions)  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | 1 Total pages Schedule A1:<br>Sch: 12/65 Rpt: 15/71 |
| 2 FILER NAME<br>Border Health PAC                                       |  | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>11/22/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cordoba-Kissee, Michelle (Dr.) | 7 Amount of Contribution (\$) \$20.00               |
|   | 6 Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |   |
| 8 Principal occupation / Job title (See Instructions)<br>78542          |  | 9 Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Coronado Garcia, Aida (Ms.)      | Amount of Contribution (\$) \$19.12                 |
|   | Contributor address; City; State; Zip Code<br><br>Brownsville, TX 78526  |   |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cortes, Oscar (Dr.)              | Amount of Contribution (\$) \$250.00                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |   |
| Principal occupation / Job title (See Instructions)<br>Dr.              |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cortinas, Guillermo A. (Dr.)     | Amount of Contribution (\$) \$150.00                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |   |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cortinas, Javier (Dr.)           | Amount of Contribution (\$) \$250.00                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |   |
| Principal occupation / Job title (See Instructions)<br>Dr.              |  | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 13/65 Rpt: 16/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cruz, Edgar (Dr.)          | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Daley, Hearther (Dr.)               | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.              |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>De Gorondo Arzamendi, Antonio (Dr.) | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>physician        |   | Employer (See Instructions)<br>Self-employed               |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Deanda, David (Mr.)                 | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78574   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Del Bosque, Oscar (Mr.)             | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 14/65 Rpt: 17/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Desai, Parul (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$125.00       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Divino, Haydee T. (Ms.)     | Amount of Contribution (\$)<br><br>\$20.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>private investor   |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Duran, Alberto (Dr.)        | Amount of Contribution (\$)<br><br>\$1,000.00              |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Dr                 |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ebreo, Ellie (Ms.)          | Amount of Contribution (\$)<br><br>\$41.56                 |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor   |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Echols, Minerva (Ms.)       | Amount of Contribution (\$)<br><br>\$20.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577   |  |
| Principal occupation / Job title (See Instructions)<br>private investor   |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 15/65 Rpt: 18/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Esparza, Cristina (Mrs.) | <b>7</b> Amount of Contribution (\$) \$5.00                |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539    |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Espinoza, Manuel (Dr.)            | Amount of Contribution (\$) \$166.25                       |
| Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78550            |  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Falcon, Antonio (Dr.)             | Amount of Contribution (\$) \$200.00                       |
| Contributor address; City; State; Zip Code<br><br>Rio Grande, TX 78582           |  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Falcon, Maria Elena (Dr.)         | Amount of Contribution (\$) \$250.00                       |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504              |  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Flores, Melissa (Ms.)             | Amount of Contribution (\$) \$25.00                        |
| Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78542             |  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 16/65 Rpt: 19/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Forse, Armour (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503                                     |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Francis, Mary (Ms.)          | Amount of Contribution (\$)<br><br>\$114.71                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor             |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Galindo, Eugenio (Dr.)       | Amount of Contribution (\$)<br><br>\$1,000.00              |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor             |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Carlos (Dr.)         | Amount of Contribution (\$)<br><br>\$1,000.00              |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor             |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Cynthia (Dr.)        | Amount of Contribution (\$)<br><br>\$200.00                |
|   | Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78550  |  |
| Principal occupation / Job title (See Instructions)<br>doctor             |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 17/65 Rpt: 20/71                       |
| <b>2</b> FILER NAME<br>Border Health PAC                                |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547                         |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Elvin (Dr.) | <b>7</b> Amount of Contribution (\$) <span style="float:right">\$1,000.00</span> |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78596                                     |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dr.     |  | <b>9</b> Employer (See Instructions)   |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Nancy (Ms.)          | Amount of Contribution (\$) <span style="float:right">\$20.00</span>             |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)  |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Norma A. (Dr.)       | Amount of Contribution (\$) <span style="float:right">\$250.00</span>            |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)  |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Pamela (Ms.)         | Amount of Contribution (\$) <span style="float:right">\$15.00</span>             |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)  |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garcia, Ricardo (Dr.)        | Amount of Contribution (\$) <span style="float:right">\$150.00</span>            |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | 1 Total pages Schedule A1:<br>Sch: 18/65 Rpt: 21/71 |
| 2 FILER NAME<br>Border Health PAC                                       |   | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>11/22/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garcia, Samuel (Dr.)     | 7 Amount of Contribution (\$) \$250.00              |
|   | 6 Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |   |
| 8 Principal occupation / Job title (See Instructions)<br>Dr.            |   | 9 Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garcia Lopez, Javier (Mr.) | Amount of Contribution (\$) \$15.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |   |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garrigos, Socrates (Dr.)   | Amount of Contribution (\$) \$10.00                 |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garza, Eduardo (Mr.)       | Amount of Contribution (\$) \$9.56                  |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |   |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garza, Gavino (Mr.)        | Amount of Contribution (\$) \$20.78                 |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |   |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>              |   | 1 Total pages Schedule A1:<br>Sch: 19/65 Rpt: 22/71 |
| 2 FILER NAME<br>Border Health PAC   |   | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>11/22/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garza, Jaime (Dr.)   | 7 Amount of Contribution (\$)<br>\$1,000.00         |
|   | 6 Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                                    |   |
| 8 Principal occupation / Job title (See Instructions)<br>Doctor               |   | 9 Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garza, Jesus (Dr.)     | Amount of Contribution (\$)<br>\$650.00             |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501                                       |   |
| Principal occupation / Job title (See Instructions)<br>doctor                 |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garza, Joaquin (Mr.)   | Amount of Contribution (\$)<br>\$10.00              |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                                       |   |
| Principal occupation / Job title (See Instructions)<br>private investor       |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garza, Jose Rene (Mr.) | Amount of Contribution (\$)<br>\$1,000.00           |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                       |   |
| Principal occupation / Job title (See Instructions)<br>private business owner |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garza, Kareena (Mrs.)  | Amount of Contribution (\$)<br>\$3.82               |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                                      |   |
| Principal occupation / Job title (See Instructions)<br>private investor       |   | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 20/65 Rpt: 23/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garza, Martin (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Linn, TX 78563  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garza Jr, Ruben (Mr.)        | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gelman, Lawrence (Dr.)       | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>mcallen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Giraldo, Alvaro (Dr.)        | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Dr.              |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gomez, Felipe (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>              |  | 1 Total pages Schedule A1:<br>Sch: 21/65 Rpt: 24/71 |
| 2 FILER NAME<br>Border Health PAC   |  | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>11/22/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gomez, Juan Pablo (Dr.)     | 7 Amount of Contribution (\$) \$200.00              |
|   | 6 Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |   |
| 8 Principal occupation / Job title (See Instructions)<br>Doctor               |  | 9 Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gomez, Marco (Mr.)            | Amount of Contribution (\$) \$50.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |   |
| Principal occupation / Job title (See Instructions)<br>private investor       |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gomez-Martinez, Marissa (Dr.) | Amount of Contribution (\$) \$20.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor                 |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gonzales, Elizabeth Ann (Ms.) | Amount of Contribution (\$) \$3.82                  |
|   | Contributor address; City; State; Zip Code<br><br>Alamo, TX 78516  |   |
| Principal occupation / Job title (See Instructions)<br>private investor       |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gonzalez, Ada (Mrs.)          | Amount of Contribution (\$) \$19.12                 |
|   | Contributor address; City; State; Zip Code<br><br>Alamo, TX 78516  |   |
| Principal occupation / Job title (See Instructions)<br>private business owner |  | Employer (See Instructions)                         |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>              |  | 1 Total pages Schedule A1:<br>Sch: 22/65 Rpt: 25/71 |
| 2 FILER NAME<br>Border Health PAC   |  | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>11/22/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gonzalez, Aida (Ms.)   | 7 Amount of Contribution (\$) \$5.00                |
|   | 6 Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78542                                       |   |
| 8 Principal occupation / Job title (See Instructions)<br>private investor     |  | 9 Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gonzalez, Alfredo        | Amount of Contribution (\$) \$50.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577  |   |
| Principal occupation / Job title (See Instructions)<br>Doctor                 |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gonzalez, Jaime A. (Mr.) | Amount of Contribution (\$) \$1,000.00              |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |   |
| Principal occupation / Job title (See Instructions)<br>private business owner |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gonzalez, Jesus (Mr.)    | Amount of Contribution (\$) \$25.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78542   |   |
| Principal occupation / Job title (See Instructions)<br>private investor       |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gonzalez, Roberto (Dr.)  | Amount of Contribution (\$) \$25.00                 |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |   |
| Principal occupation / Job title (See Instructions)<br>Doctor                 |  | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 23/65 Rpt: 26/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gonzalez Jr, Alfonso (Mr.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Brownsville, TX 78521  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Griego, Enrique (Dr.)               | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577   |  |
| Principal occupation / Job title (See Instructions)<br>M.D.                      |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guadarrama, Delisa (Dr.)            | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guajardo, Maria Ruby (Dr.)          | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>doctor                    |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guardia, Juan A. (Dr.)              | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>              |   | <b>1</b> Total pages Schedule A1:<br>Sch: 24/65 Rpt: 27/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                      |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guerra, Daniel (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>doctor        |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guerra, Ernesto (Mr.)         | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78502   |  |
| Principal occupation / Job title (See Instructions)<br>private business owner |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guerra, R.Marcy (Dr.)         | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78541  |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                    |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gummadi, Sarada (Dr.)         | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                 |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gutierrez, Alberto (Dr.)      | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                 |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 25/65 Rpt: 28/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gutierrez, Marco (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00     |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gutierrez, Miguel (Dr.)         | Amount of Contribution (\$)<br><br>\$250.00                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.              |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guzman, Eduardo (Dr.)           | Amount of Contribution (\$)<br><br>\$50.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Penitas, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Haddad, Roberto (Mr.)           | Amount of Contribution (\$)<br><br>\$10.00                 |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |  |
| Principal occupation / Job title (See Instructions)<br>Private Investor |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Haddad, Victor (Dr.)            | Amount of Contribution (\$)<br><br>\$1,000.00              |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | 1 Total pages Schedule A1:<br>Sch: 26/65 Rpt: 29/71 |
| 2 FILER NAME<br>Border Health PAC   |  | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>11/22/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hance, Courtney (Ms.)   | 7 Amount of Contribution (\$) \$5.00                |
|   | 6 Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78552                                      |   |
| 8 Principal occupation / Job title (See Instructions)<br>private investor |  | 9 Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Harris, Joseph (Mr.)      | Amount of Contribution (\$) \$10.00                 |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |   |
| Principal occupation / Job title (See Instructions)<br>private investor   |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hensler, Blake (Mr.)      | Amount of Contribution (\$) \$25.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |   |
| Principal occupation / Job title (See Instructions)<br>private investor   |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hensler, Monique (Ms.)    | Amount of Contribution (\$) \$25.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |   |
| Principal occupation / Job title (See Instructions)<br>private investor   |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hernandez, Ambrosio (Dr.) | Amount of Contribution (\$) \$1,000.00              |
|   | Contributor address; City; State; Zip Code<br><br>San Juan, TX 78589   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor             |  | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 27/65 Rpt: 30/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hernandez, Cristela (Dr.) | <b>7</b> Amount of Contribution (\$) \$200.00              |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hernandez, Lisa (Ms.)              | Amount of Contribution (\$) \$20.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>private investor   |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hernandez, Max (Dr.)               | Amount of Contribution (\$) \$1,000.00                     |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hinojosa, Martha (Ms.)             | Amount of Contribution (\$) \$10.00                        |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private investor   |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Honrubia, Dynio (Dr.)              | Amount of Contribution (\$) \$100.00                       |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
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| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A1:<br>Sch: 28/65 Rpt: 31/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Honrubia, Vincent (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dr. |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Iglesias, Norma (Dr.)            | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor       |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Igoa, Jose (Dr.)                 | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor       |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Irigoyen, Fructuoso (Dr.)        | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor       |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jelinek, Michael T (Dr.)         | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor       |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 29/65 Rpt: 32/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jimenez-Flores, Danielle (Dr.) | <b>7</b> Amount of Contribution (\$) \$200.00              |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Joule, Donna-Gail (Dr.)                 | Amount of Contribution (\$) \$25.00                        |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kalaf, Nelson (Dr.)                     | Amount of Contribution (\$) \$250.00                       |
|   | Contributor address; City; State; Zip Code<br><br>Mcallen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kalantari, Saeed (Mr.)                  | Amount of Contribution (\$) \$20.78                        |
|   | Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78552   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kanhere, Gauri (Dr.)                    | Amount of Contribution (\$) \$250.00                       |
|   | Contributor address; City; State; Zip Code<br><br>Rio Grande, TX 78582  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 30/65 Rpt: 33/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Khademi, Kambiz (Mr.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78502                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Khan, Muhammad (Dr.)           | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>physician                 |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kiani, Gholam (Dr.)            | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kotaki, Mohammad H. (Dr.)      | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lares, Irene (Ms.)             | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | 1 Total pages Schedule A1:<br>Sch: 31/65 Rpt: 34/71 |
| 2 FILER NAME<br>Border Health PAC   |   | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>11/22/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lazaro, Fernando (Mr.) | 7 Amount of Contribution (\$) \$250.00              |
|   | 6 Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503                                       |   |
| 8 Principal occupation / Job title (See Instructions)<br>private investor |   | 9 Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Leal, Ramiro (Dr.)       | Amount of Contribution (\$) \$50.00                 |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor             |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ledesma, Raul (Dr.)      | Amount of Contribution (\$) \$250.00                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor             |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lema, Rodrigo (Dr.)      | Amount of Contribution (\$) \$200.00                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor             |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lerma Jr., Ricardo (Mr.) | Amount of Contribution (\$) \$10.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Mercedes, TX 78570  |   |
| Principal occupation / Job title (See Instructions)<br>private investor   |   | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 32/65 Rpt: 35/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Levine, Lyuba (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$103.91       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                     |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Limas, Flor (Dr.)            | Amount of Contribution (\$)<br><br>\$57.36                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lin, Rick (Dr.)              | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Linan, Enrique (Dr.)         | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lineberger, Dale (Mr.)       | Amount of Contribution (\$)<br><br>\$1,000.00              |
|  | Contributor address; City; State; Zip Code<br><br>Manchaca, TX 78652   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | 1 Total pages Schedule A1:<br>Sch: 33/65 Rpt: 36/71 |
| 2 FILER NAME<br>Border Health PAC   |   | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>11/22/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lizcano, Mario (Mr.)   | 7 Amount of Contribution (\$) \$5.00                |
|   | 6 Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501                                       |   |
| 8 Principal occupation / Job title (See Instructions)<br>private investor |   | 9 Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Loggiodice, Nelson (Mr.) | Amount of Contribution (\$) \$30.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577   |   |
| Principal occupation / Job title (See Instructions)<br>private investor   |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Loja, Wilmer (Dr.)       | Amount of Contribution (\$) \$100.00                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |   |
| Principal occupation / Job title (See Instructions)<br>Dr.                |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lopez, Jose (Dr.)        | Amount of Contribution (\$) \$62.35                 |
|   | Contributor address; City; State; Zip Code<br><br>Palmhurst, TX 78573                                       |   |
| Principal occupation / Job title (See Instructions)<br>doctor             |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lopez, Pamela (Ms.)      | Amount of Contribution (\$) \$25.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577   |   |
| Principal occupation / Job title (See Instructions)<br>private investor   |   | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 34/65 Rpt: 37/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                     |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lopez Jr., Alfredo (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00       |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dr           |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lozano, Rodolfo (Dr.)             | Amount of Contribution (\$)<br><br>\$250.00                |
| Contributor address; City; State; Zip Code<br><br>Mission, TX 78574          |   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                   |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lozano, Sergio (Mr.)              | Amount of Contribution (\$)<br><br>\$25.00                 |
| Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78596          |   |  |
| Principal occupation / Job title (See Instructions)<br>private investor      |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mabulac, Deborah (Ms.)            | Amount of Contribution (\$)<br><br>\$19.12                 |
| Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78541         |   |  |
| Principal occupation / Job title (See Instructions)<br>private investor      |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Malcolm , Javier Barney (Dr.)     | Amount of Contribution (\$)<br><br>\$10.00                 |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504          |   |  |
| Principal occupation / Job title (See Instructions)<br>private investor      |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 35/65 Rpt: 38/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mangi, Salil (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dr.     |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mangoo-Karim, Robert (Dr.)  | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Manoharan, Paulrajan (Dr.)  | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Physician        |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Manrique, Carlos (Dr.)      | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor           |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Marichalar, Luis (Mr.)      | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Private Investor |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | 1 Total pages Schedule A1:<br>Sch: 36/65 Rpt: 39/71 |
| 2 FILER NAME<br>Border Health PAC                                       |  | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>11/22/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Marina, Jose Mario (Dr.) | 7 Amount of Contribution (\$) \$100.00              |
|   | 6 Contributor address; City; State; Zip Code<br><br>Mission, TX 78573  |   |
| 8 Principal occupation / Job title (See Instructions)<br>physician      |  | 9 Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Marquez, Luis A. (Mr.)     | Amount of Contribution (\$) \$5.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78552  |   |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Martinez, Ricardo (Dr.)    | Amount of Contribution (\$) \$250.00                |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor           |  | Employer (See Instructions)<br>Self-employed        |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mata, Nelson (Dr.)         | Amount of Contribution (\$) \$250.00                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |   |
| Principal occupation / Job title (See Instructions)<br>Dr.              |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mathavan, Rajeen (Dr.)     | Amount of Contribution (\$) \$38.24                 |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |   |
| Principal occupation / Job title (See Instructions)<br>Physician        |  | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 37/65 Rpt: 40/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McNutt, Kimberly (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00        |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Medina, Bertha (Dr.)            | Amount of Contribution (\$)<br><br>\$1,000.00              |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Medina, Javier (Dr.)            | Amount of Contribution (\$)<br><br>\$250.00                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78574   |  |
| Principal occupation / Job title (See Instructions)<br>M.D.                      |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Medina, Lorena (Ms.)            | Amount of Contribution (\$)<br><br>\$5.00                  |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Medina, Martha Carmen (Ms.)     | Amount of Contribution (\$)<br><br>\$100.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 38/65 Rpt: 41/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Medina, Melecio (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mego, Carlos (Dr.)             | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor             |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mendez, Oscar (Dr.)            | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>physician          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mendez, Salvador (Dr.)         | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mercado, Manuel (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Dr.                |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 39/65 Rpt: 42/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Meyer, Scott (Mr.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Milano, Emil (Dr.)          | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Milov, Simon (Dr.)          | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78552   |  |
| Principal occupation / Job title (See Instructions)<br>physician                 |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mirmohammadi, Rowena (Ms.)  | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mitchell, Jo Ann (Dr.)      | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78502   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 40/65 Rpt: 43/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mohamed, Samira (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00        |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mohme, Ruben (Dr.)             | Amount of Contribution (\$)<br><br>\$250.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Montes, Jorge A. (Dr.)         | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Montes, Laura (Dr.)            | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Morales, Carlos E (Dr.)        | Amount of Contribution (\$)<br><br>\$1,000.00              |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 41/65 Rpt: 44/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moreno, Juan (Mr.)    | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Alton, TX 78574   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moreno, Leonel (Dr.)           | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mulukutla, Surya Narayan (Dr.) | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>physician                 |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Munoz, Roberto (Dr.)           | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nagaraj, Namitha (Dr.)         | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | 1 Total pages Schedule A1:<br>Sch: 42/65 Rpt: 45/71 |
| 2 FILER NAME<br>Border Health PAC   |   | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>11/22/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nunez, Zoraly (Ms.)   | 7 Amount of Contribution (\$) \$275.00              |
|   | 6 Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503                                       |   |
| 8 Principal occupation / Job title (See Instructions)<br>private investor |   | 9 Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ochoa, Esmeralda (Mrs.) | Amount of Contribution (\$) \$8.31                  |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |   |
| Principal occupation / Job title (See Instructions)<br>private investor   |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ochoa, Kristy (Ms.)     | Amount of Contribution (\$) \$10.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |   |
| Principal occupation / Job title (See Instructions)<br>private investor   |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ogunlana, Victor (Dr.)  | Amount of Contribution (\$) \$100.00                |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |   |
| Principal occupation / Job title (See Instructions)<br>Doctor             |   | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ohabor, Chioma (Ms.)    | Amount of Contribution (\$) \$50.00                 |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |   |
| Principal occupation / Job title (See Instructions)<br>Private Investor   |   | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 43/65 Rpt: 46/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ohabor, Constantine (Ms.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504 | <b>7</b> Amount of Contribution (\$) \$10.00               |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Private Investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Olgin, Gaudencio (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                     | Amount of Contribution (\$) \$125.00                       |
| Principal occupation / Job title (See Instructions)<br>physician                 |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Oliveira, Noel E (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                      | Amount of Contribution (\$) \$250.00                       |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Orfanos, John (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503                         | Amount of Contribution (\$) \$200.00                       |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Otero, Fernando (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>mcallen, TX 78502                       | Amount of Contribution (\$) \$1,000.00                     |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 44/65 Rpt: 47/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Owen, Kip (Dr.)           | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ozuna, Ronnie (Mr.)                | Amount of Contribution (\$)<br><br>\$9.56                  |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Padilla, Maritza (Ms.)             | Amount of Contribution (\$)<br><br>\$41.56                 |
|   | Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78599  |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Palacios, Esteban (Mr.)            | Amount of Contribution (\$)<br><br>\$250.00                |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78540   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |  | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Palacios Merchan, Juan Diego (Dr.) | Amount of Contribution (\$)<br><br>\$75.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>Physician        |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 45/65 Rpt: 48/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Palimar, P (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$1,000.00         |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dr.     |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pechero, Guillermo (Dr.)  | Amount of Contribution (\$)<br>\$1,000.00                  |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Dr.              |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pena, Diamantina (Ms.)    | Amount of Contribution (\$)<br>\$1,000.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Mcallen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pena, Priscilla (Ms.)     | Amount of Contribution (\$)<br>\$5.00                      |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78574   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pena, Victor (Mr.)        | Amount of Contribution (\$)<br>\$5.00                      |
|   | Contributor address; City; State; Zip Code<br><br>Mission, TX 78574   |  |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
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| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 46/65 Rpt: 49/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Peralez, Rosie (Ms.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                                     |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Private Investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Perez, Ernie (Mr.)            | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78502-5360  |  |
| Principal occupation / Job title (See Instructions)<br>private business owner    |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Perez, Florencia              | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Perez, Francisco (Dr.)        | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Perez, Guillermo (Dr.)        | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 47/65 Rpt: 50/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Perez, Nina (Ms.)   | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Peynado, Herrietta (Ms.)     | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mercedes, TX 78570   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pierre-Louise, Michael (Dr.) | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>Physician                 |  | Employer (See Instructions)<br>Self-employed               |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pillai, Revi (Mr.)           | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Prieto-Harris, Roberto (Dr.) | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                      |  | <b>1</b> Total pages Schedule A1:<br>Sch: 48/65 Rpt: 51/71 |
| <b>2</b> FILER NAME<br>Border Health PAC  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Puttagunta, Sobha (Ms.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor      |  | <b>9</b> Employer (See Instructions)                       |
| <b>Date</b><br>11/22/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Quach, Tin (Dr.)          | <b>Amount of Contribution (\$)</b>                         |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>McAllen, TX 78504   |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>private investor        |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>11/22/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rafols, Rafael (Dr.)      | <b>Amount of Contribution (\$)</b>                         |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>McAllen, TX 78503   |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician/Self-employed |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>11/22/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ramirez, Luis (Dr.)       | <b>Amount of Contribution (\$)</b>                         |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Mission, TX 78572   |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Doctor                  |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>11/22/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ramos, Thelma (Ms.)       | <b>Amount of Contribution (\$)</b>                         |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>McAllen, TX 78504   |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>private business owner  |  | <b>Employer (See Instructions)</b>                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 49/65 Rpt: 52/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rangel, Soraya (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$5.00         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rao, Yohan (Dr.)              | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Reddy, Vangala J (Dr.)        | Amount of Contribution (\$)<br><br>\$200.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rios, Adriana (Ms.)           | Amount of Contribution (\$)<br><br>\$10.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78599   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rios Jr, Jesus (Mr.)          | Amount of Contribution (\$)<br><br>\$250.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 50/65 Rpt: 53/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rivera, Jaime (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$3.82         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rivera, Jennifer (Ms.)       | Amount of Contribution (\$)<br><br>\$10.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Robalino, Benjamin (Dr.)     | Amount of Contribution (\$)<br><br>\$250.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Robles, Luis H. (Dr.)        | Amount of Contribution (\$)<br><br>\$100.00                |
|  | Contributor address; City; State; Zip Code<br><br>Brownsville, TX 78520  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodriguez, Edgar (Dr.)       | Amount of Contribution (\$)<br><br>\$100.00                |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539   |  |
| Principal occupation / Job title (See Instructions)<br>Physician                 |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 51/65 Rpt: 54/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodriguez, Maria (Ms.)  | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78596   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodriguez, Ofelia (Dr.)          | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mcallen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodriguez, Sergio (Dr.)          | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Physician                 |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodriguez-Ayala, Heriberto (Dr.) | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78502  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodriguez-Rico, Daniella (Dr.)   | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 52/65 Rpt: 55/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ruiz, Henry (Dr.) | <b>7</b> Amount of Contribution (\$) \$1,000.00            |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor       |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ruiz, Rosalva (Ms.)        | Amount of Contribution (\$) \$10.00                        |
| Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577            |  |  |
| Principal occupation / Job title (See Instructions)<br>private investor      |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saenz, J.J (Dr.)           | Amount of Contribution (\$) \$1,000.00                     |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503          |  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saenz, Jennifer (Ms.)      | Amount of Contribution (\$) \$25.00                        |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504          |  |  |
| Principal occupation / Job title (See Instructions)<br>private investor      |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saenz, Jessica (Ms.)       | Amount of Contribution (\$) \$25.00                        |
| Contributor address; City; State; Zip Code<br><br>Mcallen, TX 78502          |  |  |
| Principal occupation / Job title (See Instructions)<br>Private investor      |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 53/65 Rpt: 56/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saenz, Vanessa (Ms.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78541 | <b>7</b> Amount of Contribution (\$) \$10.00               |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saffels, Nathan (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                   | Amount of Contribution (\$) \$10.00                        |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Safir, Larry (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Mcallen, TX 78503                      | Amount of Contribution (\$) \$1,000.00                     |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saladino, Nicole (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                  | Amount of Contribution (\$) \$5.00                         |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Salazar, Juan J. (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                  | Amount of Contribution (\$) \$250.00                       |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 54/65 Rpt: 57/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saldivar, Aida (Ms.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504 | <b>7</b> Amount of Contribution (\$) \$10.00               |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Salinas, Annabelle (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501               | Amount of Contribution (\$) \$5.00                         |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Salinas, Mariano (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                 | Amount of Contribution (\$) \$150.00                       |
| Principal occupation / Job title (See Instructions)<br>Dr.                       |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Salinas, Miguel A. (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503               | Amount of Contribution (\$) \$9.56                         |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Salinas, Samuel (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                  | Amount of Contribution (\$) \$10.00                        |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 55/65 Rpt: 58/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sanchez, Elisa Garza (Dr.)  | <b>7</b> Amount of Contribution (\$) \$125.00              |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>doctor       |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sanchez, Richard (Dr.)               | Amount of Contribution (\$) \$166.25                       |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504          |  |  |
| Principal occupation / Job title (See Instructions)<br>doctor                |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sandoval, Gilberto (Mr.)             | Amount of Contribution (\$) \$10.00                        |
| Contributor address; City; State; Zip Code<br><br>Brownsville, TX 78520      |  |  |
| Principal occupation / Job title (See Instructions)<br>private investor      |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sandoval, Oscar (Mr.)                | Amount of Contribution (\$) \$25.00                        |
| Contributor address; City; State; Zip Code<br><br>Edcouch, TX 78538          |  |  |
| Principal occupation / Job title (See Instructions)<br>private investor      |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sarmiento Cano, Juan P. Javier (Dr.) | Amount of Contribution (\$) \$50.00                        |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504          |  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
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| <b>The Instruction Guide explains how to complete this form.</b>       |   | <b>1</b> Total pages Schedule A1:<br>Sch: 56/65 Rpt: 59/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                               |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Seas, Manuel (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$250.00           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Serna, Samuel (Dr.)         | Amount of Contribution (\$)<br>\$100.00                    |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>doctor          |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Shuaib, Tawid (Dr.)         | Amount of Contribution (\$)<br>\$1,000.00                  |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Siberman, Herschi (Dr.)     | Amount of Contribution (\$)<br>\$200.00                    |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Siedow, Stephen (Dr.)       | Amount of Contribution (\$)<br>\$25.00                     |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504   |  |
| Principal occupation / Job title (See Instructions)<br>physician       |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 57/65 Rpt: 60/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sifuentes, Pamela (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$15.00        |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78596   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Singh, Manish (Dr.)              | Amount of Contribution (\$)<br><br>\$250.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Solis, Hilda (Ms.)               | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Soto, Hector (Dr.)               | Amount of Contribution (\$)<br><br>\$250.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sustaita, Raul (Mr.)             | Amount of Contribution (\$)<br><br>\$25.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Donna, TX 78537  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 58/65 Rpt: 61/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Swarup, Jyothi (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504 | <b>7</b> Amount of Contribution (\$) \$100.00              |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor  |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tamez, Daniel (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Alton, TX 78573                      | Amount of Contribution (\$) \$3.82                         |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tey, Alejandro (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                  | Amount of Contribution (\$) \$250.00                       |
| Principal occupation / Job title (See Instructions)<br>M.D.             |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tharp, Maribel (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                   | Amount of Contribution (\$) \$15.00                        |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tijerina, Erica (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577                    | Amount of Contribution (\$) \$20.00                        |
| Principal occupation / Job title (See Instructions)<br>private investor |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 59/65 Rpt: 62/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tovar, Sandra (Ms.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                     |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Trejo, Jose (Mr.)            | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |  |
| Principal occupation / Job title (See Instructions)<br>private business owner    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Trevino, Ernesto             | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Trevino, Kyara J. (Ms.)      | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>La Joya, TX 78560  |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Turley, Susan (Mrs.)         | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private business owner    |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 60/65 Rpt: 63/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Twahiwa, Marcel (Dr.) | <b>7</b> Amount of Contribution (\$) \$250.00              |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Uribe, Lourdes (Dr.)           | Amount of Contribution (\$) \$50.00                        |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Valladares, Teresa (Dr.)       | Amount of Contribution (\$) \$100.00                       |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>M.D             |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vasquez, Jose, A (Dr.)         | Amount of Contribution (\$) \$250.00                       |
|  | Contributor address; City; State; Zip Code<br><br>Rio Grande , TX 78582  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Veeramachaneni, Ravindra (Dr.) | Amount of Contribution (\$) \$25.00                        |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 61/65 Rpt: 64/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vela, Carlos Ian (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$28.68        |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vela, Efraim (Dr.)              | Amount of Contribution (\$)<br><br>\$250.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503   |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vela, Oscar Rene (Mr.)          | Amount of Contribution (\$)<br><br>\$10.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| Principal occupation / Job title (See Instructions)<br>Private investor          |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vela, Susana (Ms.)              | Amount of Contribution (\$)<br><br>\$10.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Velazquez, Orlando (Mr.)        | Amount of Contribution (\$)<br><br>\$10.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | 1 Total pages Schedule A1:<br>Sch: 62/65 Rpt: 65/71 |
| 2 FILER NAME<br>Border Health PAC   |  | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>11/22/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Velazquez, Rolando (Mr.)   | 7 Amount of Contribution (\$)<br><br>\$10.00        |
|   | 6 Contributor address; City; State; Zip Code<br><br>Raymondville, TX 78580                                       |   |
| 8 Principal occupation / Job title (See Instructions)<br>private investor |  | 9 Employer (See Instructions)                       |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vera, Eloy (Mr.)             | Amount of Contribution (\$)<br><br>\$100.00         |
|   | Contributor address; City; State; Zip Code<br><br>rio Grande City, TX 78582                                      |   |
| Principal occupation / Job title (See Instructions)<br>private investor   |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Villarreal, Rose Maria (Ms.) | Amount of Contribution (\$)<br><br>\$250.00         |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |   |
| Principal occupation / Job title (See Instructions)<br>private investor   |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Villarreal, Veronica (Ms.)   | Amount of Contribution (\$)<br><br>\$249.38         |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |   |
| Principal occupation / Job title (See Instructions)<br>private investor   |  | Employer (See Instructions)                         |
| Date<br>11/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Villarreal, Victor (Dr.)     | Amount of Contribution (\$)<br><br>\$90.00          |
|   | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577  |   |
| Principal occupation / Job title (See Instructions)<br>Doctor             |  | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 63/65 Rpt: 66/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Villegas, Gustavo (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$83.13        |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private investor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Villescas III, Gavino M. (Mr.)   | Amount of Contribution (\$)<br><br>\$62.35                 |
|  | Contributor address; City; State; Zip Code<br><br>San Juan, TX 78589   |  |
| Principal occupation / Job title (See Instructions)<br>private investor          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Viswamitra, Saroje (Dr.)         | Amount of Contribution (\$)<br><br>\$1,000.00              |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Walker, Ray (Mr.)                | Amount of Contribution (\$)<br><br>\$250.00                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>private business owner    |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wang, Ann (Dr.)                  | Amount of Contribution (\$)<br><br>\$10.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Palmhurst, TX 78573  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                    |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 64/65 Rpt: 67/71 |
| <b>2</b> FILER NAME<br>Border Health PAC   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Webb, James (Mr.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                                   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>private business owner |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilson, Teresa (Dr.)       | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Woloski, Deborah (Ms.)     | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Mission, TX 78572  |  |
| Principal occupation / Job title (See Instructions)<br>private investor                |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wong, Antonio (Dr.)        | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504  |  |
| Principal occupation / Job title (See Instructions)<br>Doctor                          |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Yanez, Sandra (Ms.)        | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Alton, TX 78573  |  |
| Principal occupation / Job title (See Instructions)<br>private investor                |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
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| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 65/65 Rpt: 68/71 |
| <b>2</b> FILER NAME<br>Border Health PAC                                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Yarra, Subbarao (Dr.) | <b>7</b> Amount of Contribution (\$) \$100.00              |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Doctor       |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Zamir, Asif (Dr.)              | Amount of Contribution (\$) \$250.00                       |
| Contributor address; City; State; Zip Code<br><br>Mission, TX 78572          |  |  |
| Principal occupation / Job title (See Instructions)<br>doctor                |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Zamora, Maria Luisa (Ms.)      | Amount of Contribution (\$) \$10.00                        |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504          |  |  |
| Principal occupation / Job title (See Instructions)<br>private investor      |  | Employer (See Instructions)                                |
| Date<br>11/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Zayed, Fuad (Dr.)              | Amount of Contribution (\$) \$75.00                        |
| Contributor address; City; State; Zip Code<br><br>Alton, TX 78573            |  |  |
| Principal occupation / Job title (See Instructions)<br>physician             |  | Employer (See Instructions)<br>self-employed               |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/2 Rpt: 69/71   | <b>2</b> FILER NAME<br>Border Health PAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547   |
| <b>4</b> Date<br>11/12/2024  | <b>5</b> Payee name<br>Creighton, Brandon (Sen.)  |  |
| <b>6</b> Amount (\$)<br>\$35,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2829 Technology Forest, Suite 240<br><br>The Woodlands, TX 77381                                     |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution             |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Creighton, Brandon (Sen.)  | Office sought<br>Office held<br>State Senator District 4   |
| Date<br>10/31/2024   | Payee name<br>New Vision New Era  |  |
| Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>1 S. Fort Ringgold<br><br>Rio Grande City, TX 78582   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution expenditure |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought<br>Office held   |
| Date<br>11/06/2024   | Payee name<br>Raymond, Richard (Rep.)   |  |
| Amount (\$)<br>\$10,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 6419<br><br>Laredo, TX 78042   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution             |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name<br>Raymond, Richard (Rep.)  | Office sought<br>Office held<br>State Representative District 42   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/2 Rpt: 70/71  | <b>2</b> FILER NAME<br>Border Health PAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055547  |
| <b>4</b> Date<br>11/05/2024   | <b>5</b> Payee name<br>Serna, Eddie (Mr.)   |   |
| <b>6</b> Amount (\$)<br>\$2,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>319 West Fourth Street<br><br>Weslaco, TX 78596  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name<br>Serna, Eddie (Mr.)   | Office sought<br>Weslaco ISD trustee - Place 1  |
| Office held   |   |   |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule I:<br>Sch: 1/1 Rpt:  | 2 FILER NAME<br>Border Health PAC   | 3 Filer ID (Ethics Commission Filers)<br>00055547   |
| 4 Date<br>10/28/2024  | 5 Payee name<br>Gonzalez-Leal, Nicole (Ms.)   |   |
| 6 Amount (\$)<br><br>25,000.00<br><input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip<br>2401 W. Rhin Drive<br><br>Edinburg, TX 78539                       |   |
| 8 <b>PURPOSE OF EXPENDITURE</b>   | (a) Category (See instructions for examples of acceptable categories)<br>Salaries/Wages/Contract Labor  | (b) Description (See instructions regarding type of information required.)<br>contract salary expenditure |
| Date<br>11/15/2024  | Payee name<br>Water Tower Village, Ltd  |   |
| Amount (\$)<br><br>1,331.25<br><input type="checkbox"/> Expenditure from corporate funds    | Payee Address; City; State; Zip<br>5221 N McColl Road<br><br>Mcallen, TX 78502                          |   |
| <b>PURPOSE OF EXPENDITURE</b>   | (a) Category (See instructions for examples of acceptable categories)<br>Office Overhead/Rental Expense | (b) Description (See instructions regarding type of information required.)<br>office lease expenditure    |