

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Border Health PAC	13 Filer ID (Ethics Commission Filers) 00055547
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	416,403.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	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

17 COMMITTEE NAME Border Health PAC		18 Filer ID (Ethics Commission Filers) 00055547
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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	\$ 2,819.12
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 516.40

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 4/6	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date 12/31/2024	5 Payee name ATT	
6 Amount (\$) 313.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O. BOX 930170 Dallas, TX 75393	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) office landlines telephone expenditure
Date 12/31/2024	Payee name Broadvoice	
Amount (\$) 117.52 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 31001-3150 Pasadena, CA 91110	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) office telephone services expenditure
Date 12/31/2024	Payee name Lone Star National Bank	
Amount (\$) 6.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip p.o. box 1127 pharr, TX 78577	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) bank service fee expenditure
Date 12/30/2024	Payee name Lone Star Shredding Document	
Amount (\$) 75.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1970 W. Expy 83 Mercedes, TX 78570	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) office shredding service expenditure

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt: 5/6	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date 01/08/2025	5 Payee name Time Warner Cable	
6 Amount (\$) 276.45 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip p.o. box 60074 City of Industry, CA 91716	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) office internet services expenditure
Date 01/10/2025	Payee name Water Tower Village, Ltd	
Amount (\$) 1,331.25 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5221 N McColl Road Mcallen, TX 78502	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) office lease rental expenditure
Date 12/27/2024	Payee name de lage landen financial services, inc	
Amount (\$) 699.49 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 41602 Philadelphia, PA 19101-1602	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) office equipment lease expenditure

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 6/6
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 12/31/2024	5 Name of person from whom amount is received Lone Star National Bank	8 Amount (\$) \$516.40
	6 Address of person from whom amount is received; City; State; Zip Code mcallen, TX 78502	
	7 Purpose for which amount is received quarterly interest credited	<input type="checkbox"/> Check if political contribution returned to filer