MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00055547	2 Total pages filed: 6		
3 COMMITTEE NAME	E Contraction of the second		OFFICE USE ONLY		
Border Health PA	C		Date Received		
			ELECTRONICALLY FILED 02/03/2025		
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP			
ADDRESS	612 W. Nolana, Ste. 340				
Change of Addres	^s McAllen, TX 78504		Date Hand-delivered or Date Postmarked		
5 CAMPAIGN	MS / MRS / MR FIRST	N	11		
TREASURER NAME	Mr. Ernie		Receipt # Amount		
			Date Processed		
	NICKNAME LAST	S			
	Perez		Date Imaged		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE; ZIP CODE		
TREASURER STREET	612 W. Nolana, Ste. 340				
(Residence or Business)	McAllen, TX 78504				
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE		
MAILING ADDRESS	612 W. Nolano, Ste. 340				
	^s McAllen, TX 78504				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE					
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)		
10 MONTHLY REPORT FILING	January 5 Ap	ril 5 🛛 July 5	October 5		
DEADLINE	X February 5	y 5 August 5	November 5		
	March 5	ne 5 Septembe	er 5 December 5		
11 PERIOD	Month Day Year	M	Ionth Day Year		
COVERED	12/26/2024	THROUGH 0	1/25/2025		
	GO	TO PAGE 2			
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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Border Health PAC			00055547	,
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	LEXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	416,403.88
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.	rjury, that the mation require	accompanying report is d to be reported by me
		Mr. Ern	ie Perez	
		Signature of Car		urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
L Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

SUBTOTALS - MPAC	C	FORM MPAC
17 COMMITTEE NAME Border Health PAC	18 Filer ID 00055547	3 of 6 (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	I	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC	DR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 2,819.12
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 516.40

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

Total pages Schedule I: Sch: 1/2 Rpt: 4/6	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
Date 12/31/2024	5 Payee name ATT	·
Amount (\$) 313.41 Expenditure from	7 Payee Address; City; State; Zip P.O. BOX 930170	
corporate funds	Dallas, TX 75393	
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	Payee Address; City; State; Zip P.O. Box 31001-3150	
Expenditure from corporate funds	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	Payee name	
12/31/2024	Lone Star National Bank	
Amount (\$) 6.00	Payee Address; City; State; Zip p.o. box 1127	
Expenditure from corporate funds	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	Payee name	
12/30/2024	Lone Star Shredding Document	
Amount (\$)	Payee Address; City; State; Zip	
75.00 Expenditure from corporate funds	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.
2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
5 Payee name Time Warner Cable	•
7 Payee Address; City; State; Zip p.o. box 60074	
	(b) Description (See instructions regarding type of information required.) office internet services expenditure
Payee name Water Tower Village, Ltd	
Payee Address; City; State; Zip 5221 N McColl Road	
Mcallen, TX 78502 (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) office lease rental expenditure
Payee name de lage landen financial services, inc	
Payee Address; City; State; Zip P.O. Box 41602	
Philadelphia, PA 19101-1602 (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
	 2 FILER NAME Border Health PAC 5 Payee name Time Warner Cable 7 Payee Address; City; State; Zip p.o. box 60074 City of Industry, CA 91716 (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense Payee name Water Tower Village, Ltd Payee Address; City; State; Zip 5221 N McColl Road Mcallen, TX 78502 (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense Payee name de lage landen financial services, inc Payee Address; City; State; Zip P.O. Box 41602 Philadelphia, PA 19101-1602 (a) Category (See instructions for examples of acceptable categories)

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

SCHEDULE K

т	he Instru	ctie	on Guide explains how to complete this form.			ages Schedule K: L/1 Rpt: 6/6
2 F	ILER NAME			3	Filer ID	D (Ethics Commission Filers)
В	Border Healt	th F	AC		00055	5547
4 D	ate	5	Name of person from whom amount is received			8 Amount (\$)
1	2/31/2024		Lone Star National Bank			\$516.40
		6	Address of person from whom amount is received; City; State; Zip Code			
			mcallen, TX 78502			
		7		oolitic	al cont	ribution returned to filer
			quarterly interest credited			
1						