#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00055547 3 COMMITTEE NAME **OFFICE USE ONLY** Border Health PAC Date Received **ELECTRONICALLY FILED** 03/03/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 612 W. Nolana, Ste. 340 Change of Address McAllen, TX 78504 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ernie NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Perez CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 612 W. Nolana, Ste. 340 STREET **ADDRESS** (Residence or Business) McAllen, TX 78504 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 612 W. Nolano, Ste. 340 MAILING **ADDRESS** Change of Address McAllen, TX 78504 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (956) 994-9757 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2025 02/25/2025

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

| 2 COMMITTEE NAME                                                    |                                                                                         |                                |                                                                                                  | 13 Filer                          |                      | (Ethics Commission Filers)                    |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------|----------------------|-----------------------------------------------|
| Border Health PAC                                                   |                                                                                         |                                |                                                                                                  | 0005                              | 55547                |                                               |
| 4 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. Масания                                                                              | A. Supported                   |                                                                                                  |                                   |                      |                                               |
|                                                                     | 2. Measures (Describe by date and location of election and nature of issue.)            | А. Зирропеи                    |                                                                                                  |                                   |                      |                                               |
|                                                                     |                                                                                         | B. Opposed                     |                                                                                                  |                                   |                      |                                               |
|                                                                     | Officeholders     Assisted     (Identify by name or, if applicable, classify by party.) |                                |                                                                                                  |                                   |                      |                                               |
|                                                                     |                                                                                         |                                |                                                                                                  | . 1                               |                      |                                               |
| .5 CONTRIBUTION<br>TOTALS                                           | 1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report           | OR GUARANTEES  IADE ELECTRONIC | CALLY)                                                                                           | N                                 | \$                   | 0.00                                          |
|                                                                     | 2. TOTAL POLITICA                                                                       | L CONTRIBUTION                 | ONS                                                                                              |                                   | \$                   | 05 500 50                                     |
|                                                                     | (OTHER THAN PLEI                                                                        | DGES, LOANS, OF                | GUARANTEES OF LOANS                                                                              | 5)                                | Ψ                    | 65,529.50                                     |
| EXPENDITURE<br>TOTALS                                               | 3. TOTAL UNITEMIZED                                                                     | D POLITICAL EXPE               | ENDITURES                                                                                        |                                   | \$                   | 0.00                                          |
|                                                                     | 4. TOTAL POLITICA                                                                       | L EXPENDITUR                   | ES                                                                                               |                                   | \$                   | 0.00                                          |
| CONTRIBUTION<br>BALANCE                                             | 5. TOTAL POLITICAL (<br>OF THE REPORTING                                                |                                | MAINTAINED AS OF THE LA                                                                          | AST DAY                           | \$                   | 480,668.13                                    |
| OUTSTANDING<br>LOAN TOTALS                                          | 6. TOTAL PRINCIPAL A<br>LAST DAY OF THE I                                               |                                | OUTSTANDING LOANS AS<br>OD                                                                       | OF THE                            | \$                   | 0.00                                          |
| 6 AFFIDAVIT                                                         | l                                                                                       |                                |                                                                                                  |                                   |                      |                                               |
|                                                                     |                                                                                         | true                           | ear, or affirm, under penalty o<br>and correct and includes all i<br>er Title 15, Election Code. | of perjury, tha<br>information re | at the ac<br>equired | ccompanying report is<br>to be reported by me |
|                                                                     |                                                                                         |                                | Mr.                                                                                              | . Ernie Pere                      | z                    |                                               |
|                                                                     |                                                                                         |                                | Signature o                                                                                      | f Campaign <sup>1</sup>           | Treasur              | er                                            |
| AFFIX NOTARY                                                        | STAMP / SEAL ABOVE                                                                      |                                |                                                                                                  |                                   |                      |                                               |
| Sworn to and subscribed                                             | hefore me, by the said                                                                  |                                |                                                                                                  | this the                          |                      | day                                           |
| of                                                                  |                                                                                         |                                |                                                                                                  |                                   |                      | day                                           |
|                                                                     | - <u></u> - ,                                                                           |                                |                                                                                                  |                                   |                      |                                               |
| Signature of officer adı                                            | ministering oath                                                                        | Printed name of of             | ficer administering oath                                                                         | Title                             | of office            | er administering oath                         |

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

|                         |                                                                                  |                             |                   | 3 of 69   |
|-------------------------|----------------------------------------------------------------------------------|-----------------------------|-------------------|-----------|
| 17 COMMITT<br>Border He | EE NAME<br>ealth PAC                                                             | <b>18</b> Filer ID 00055547 | (Ethics Commissio | n Filers) |
| l                       | E SUBTOTALS<br>SCHEDULE                                                          |                             | SUBTOTAL A        | MOUNT     |
| 1. X                    | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                    |                             | \$                | 65,529.50 |
| 2.                      | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                      |                             | \$                |           |
| 3.                      | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                |                             | \$                |           |
| 4.                      | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO<br>ORGANIZATION     | )R                          | \$                |           |
| 5.                      | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | 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                         | \$                | 1,331.25  |
| 15.                     | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER        | RETURNED                    | \$                |           |
|                         |                                                                                  |                             |                   |           |
|                         |                                                                                  |                             |                   |           |
|                         |                                                                                  |                             |                   |           |
|                         |                                                                                  |                             |                   |           |
|                         |                                                                                  |                             |                   |           |
|                         |                                                                                  |                             |                   |           |

|   | MONEI                      | ARY POLITICAL C                       | ONTRIBUTIO              | )NS                          |                             | SCHEDUL                                         | E <b>A1</b> |
|---|----------------------------|---------------------------------------|-------------------------|------------------------------|-----------------------------|-------------------------------------------------|-------------|
|   | The Instruc                | ction Guide explains how              | to complete this f      | orm.                         | 1                           | Total pages Schedule A1:<br>Sch: 1/65 Rpt: 4/69 |             |
| 2 | FILER NAME<br>Border Healt | h PAC                                 |                         |                              | 3                           | Filer ID (Ethics Commission 00055547            | n Filers)   |
| _ |                            | 5 Full name of contributor            |                         | ,                            | _                           |                                                 |             |
| 4 | Date 02/14/2025            |                                       |                         | ľ                            | Amount of Contribution (\$) | \$80.00                                         |             |
|   |                            | McAllen, TX 78504                     | ac, zp code             |                              |                             |                                                 |             |
| 8 |                            | pation / Job title (See Instructions) | 1                       | 9 Employer (See Instructions | 5)                          |                                                 |             |
|   | physician                  |                                       |                         |                              |                             |                                                 |             |
|   | Date                       | Full name of contributor              | out-of-state PAC (ID#:_ | )                            |                             | Amount of Contribution (\$)                     |             |
|   | 02/14/2025                 | Aboujamous, Riad (Mr.)                |                         |                              |                             |                                                 | \$25.00     |
|   |                            | Contributor address; City; Sta        | ate; Zip Code           |                              |                             |                                                 |             |
|   |                            |                                       |                         |                              |                             |                                                 |             |
|   |                            | McAllen, TX 78504                     |                         |                              |                             |                                                 |             |
|   | Principal occu             | pation / Job title (See Instructions) | <u> </u>                | Employer (See Instructions   | <u>L</u>                    |                                                 |             |
|   | private inves              | tor                                   |                         |                              |                             |                                                 |             |
|   | Date                       | Full name of contributor              | out-of-state PAC (ID#:_ | )                            |                             | Amount of Contribution (\$)                     |             |
|   | 02/14/2025                 | Abreu, Charity (Dr.)                  |                         |                              |                             |                                                 | \$250.00    |
|   |                            | Contributor address; City; Sta        | ate; Zip Code           |                              |                             |                                                 |             |
|   |                            |                                       |                         |                              |                             |                                                 |             |
|   |                            | Mission, TX 78572                     |                         |                              |                             |                                                 |             |
|   | Principal occu             | pation / Job title (See Instructions) | 1                       | Employer (See Instructions   | <u> </u><br>                |                                                 |             |
|   | Doctor                     | ,                                     |                         |                              | ,                           |                                                 |             |
|   | Date                       | Full name of contributor              | out-of-state PAC (ID#:_ | )                            |                             | Amount of Contribution (\$)                     |             |
|   | 02/14/2025                 | Agapito, Adrian (Dr.)                 |                         |                              |                             |                                                 | \$8.31      |
|   |                            | Contributor address; City; Sta        | ate; Zip Code           |                              |                             |                                                 |             |
|   |                            |                                       |                         |                              |                             |                                                 |             |
|   |                            | Pharr, TX 78577                       |                         |                              |                             |                                                 |             |
|   | Principal occu             | pation / Job title (See Instructions) |                         | Employer (See Instructions   | <u>l</u><br>5)              |                                                 |             |
|   | Physician                  |                                       |                         | Self-employed                |                             |                                                 |             |
|   | Date                       | Full name of contributor              | out-of-state PAC (ID#:_ | )                            |                             | Amount of Contribution (\$)                     |             |
|   | 02/14/2025                 | Ahmed, Adnam (Dr.)                    |                         |                              |                             |                                                 | \$100.00    |
|   |                            | Contributor address; City; Sta        | ate; Zip Code           |                              |                             |                                                 |             |
|   |                            |                                       |                         |                              |                             |                                                 |             |
|   |                            | Edinburg, TX 78539                    |                         |                              |                             |                                                 |             |
|   | Principal occu             | pation / Job title (See Instructions) |                         | Employer (See Instructions   | <u>l</u><br>5)              |                                                 |             |
|   | Physician                  |                                       |                         | Self-employed                |                             |                                                 |             |
| _ |                            |                                       |                         | 1                            |                             |                                                 |             |
|   |                            |                                       |                         |                              |                             |                                                 |             |
|   |                            |                                       |                         |                              |                             |                                                 |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTI                                                                                                                  | ONS                                      |                | SCHEDULI                                        | <b>■ A1</b> |
|---|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------|-------------------------------------------------|-------------|
|   | The Instruc                     | ction Guide explains how to complete this                                                                                                 | form.                                    | 1              | Total pages Schedule A1:<br>Sch: 2/65 Rpt: 5/69 |             |
| 2 | FILER NAME<br>Border Healt      | n PAC                                                                                                                                     |                                          | 3              | Filer ID (Ethics Commission 00055547            | ı Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-state PAC (ID# Alam, Golam (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                                          | 7              | Amount of Contribution (\$)                     | \$20.00     |
| _ | Dringing aggr                   | McAllen, TX 78503                                                                                                                         | C Employer (See Instructions             | <u></u>        |                                                 |             |
| 8 | Doctor                          | pation / Job title (See Instructions)                                                                                                     | 9 Employer (See Instructions             | s)             |                                                 |             |
|   | Date<br>02/14/2025              | Contributor address; City; State; Zip Code                                                                                                | :)                                       |                | Amount of Contribution (\$)                     | \$20.78     |
|   | Principal occu                  | Harlingen, TX 78550 pation / Job title (See Instructions)                                                                                 | Employer (See Instructions               | <br>s)         |                                                 |             |
|   | private inves                   |                                                                                                                                           |                                          | ,              |                                                 |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID# Alhroob, Assad (Dr.)  Contributor address; City; State; Zip Code                           | :)                                       |                | Amount of Contribution (\$)                     | \$20.00     |
|   |                                 | Edinburg, TX 78539                                                                                                                        |                                          |                |                                                 |             |
|   | Principal occur<br>Doctor       | pation / Job title (See Instructions)                                                                                                     | Employer (See Instructions               | <u>I</u><br>S) |                                                 |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID# Ali, Sardar (Mr.)  Contributor address; City; State; Zip Code  Mission, TX 78572           | :)                                       |                | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu<br>Private inves | pation / Job title (See Instructions)                                                                                                     | Employer (See Instructions self employed | <u>l</u><br>S) |                                                 |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID# Aliseda, Ernest (Mr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504       | :)                                       |                | Amount of Contribution (\$)                     | \$62.50     |
|   | Principal occu<br>Private Inves | oation / Job title (See Instructions)<br>tor                                                                                              | Employer (See Instructions Self-employed | 5)             |                                                 |             |
|   |                                 |                                                                                                                                           | 1                                        |                |                                                 |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION                                                                                                             | ONS                                   |                | SCHEDUL                                         | E <b>A1</b> |
|---|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------|-------------------------------------------------|-------------|
|   | The Instruc                 | ction Guide explains how to complete this f                                                                                            | orm.                                  | 1              | Total pages Schedule A1:<br>Sch: 3/65 Rpt: 6/69 |             |
| 2 | FILER NAME<br>Border Healt  | h PAC                                                                                                                                  |                                       | 3              | Filer ID (Ethics Commission 00055547            | n Filers)   |
| 4 | Date 02/14/2025             | <ul> <li>Full name of contributor</li></ul>                                                                                            |                                       | 7              | Amount of Contribution (\$)                     | \$62.35     |
| 8 | Principal occu              | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                | 9 Employer (See Instructions          | <u> </u><br>s) |                                                 |             |
|   | private inves               |                                                                                                                                        | , , , , , , , , , , , , , , , , , , , | ,              |                                                 |             |
|   | Date 02/14/2025             | Full name of contributor out-of-state PAC (ID#:_Almedia, Hillary (Dr.)  Contributor address; City; State; Zip Code                     | )                                     | •              | Amount of Contribution (\$)                     | \$75.00     |
|   |                             | McAllen, TX 78503                                                                                                                      |                                       |                |                                                 |             |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)                                                                                                  | Employer (See Instructions            | s)             |                                                 |             |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_Almedia, Jose (Dr.)  Contributor address; City; State; Zip Code                        | )                                     | •              | Amount of Contribution (\$)                     | \$57.36     |
|   |                             | Boerne, TX 78015                                                                                                                       |                                       |                |                                                 |             |
|   | Principal occu<br>physician | pation / Job title (See Instructions)                                                                                                  | Employer (See Instructions            | s)             |                                                 |             |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_Alsabagh, Mourad (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 | )                                     | •              | Amount of Contribution (\$)                     | \$250.00    |
|   | Principal occu<br>physician | pation / Job title (See Instructions)                                                                                                  | Employer (See Instructions            | 5)             |                                                 |             |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_Alsabagh, Mourad (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 | )                                     | •              | Amount of Contribution (\$)                     | \$250.00    |
|   | Principal occu<br>physician | pation / Job title (See Instructions)                                                                                                  | Employer (See Instructions            | 5)             |                                                 |             |
|   |                             |                                                                                                                                        |                                       |                |                                                 |             |

|   | MONET                      | ARY POLITICAL CONTRIBU                                                                                                                     | ITIONS                       |          | SCHEDUL                                         | E <b>A1</b> |
|---|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------|-------------------------------------------------|-------------|
|   | The Instruc                | ction Guide explains how to complete th                                                                                                    | this form.                   | 1        | Total pages Schedule A1:<br>Sch: 4/65 Rpt: 7/69 |             |
| 2 | FILER NAME<br>Border Healt | n PAC                                                                                                                                      |                              | 3        | Filer ID (Ethics Commissio 00055547             | n Filers)   |
| 4 | Date 02/14/2025            | <ul> <li>Full name of contributor  out-of-state PAC Alvarez, Michelle (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7        | Amount of Contribution (\$)                     | \$5.00      |
| 8 | Principal occu             | McAllen, TX 78504 Dation / Job title (See Instructions)                                                                                    | 9 Employer (See Instruction: | ]<br>1S) |                                                 |             |
|   | private inves              | tor                                                                                                                                        |                              |          |                                                 |             |
|   | Date<br>02/14/2025         | Contributor address; City; State; Zip Code                                                                                                 | C (ID#:)                     |          | Amount of Contribution (\$)                     | \$5.00      |
|   | Principal occu             | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                    | Employer (See Instruction    | l<br>ns) |                                                 |             |
|   | private inves              |                                                                                                                                            | , , , (                      | -,       |                                                 |             |
|   | Date<br>02/14/2025         | Full name of contributor  out-of-state PAC Apolinario, Jumar (Dr.)  Contributor address; City; State; Zip Code                             | C (ID#:)                     |          | Amount of Contribution (\$)                     | \$100.00    |
|   |                            | Mission, TX 78572                                                                                                                          |                              |          |                                                 |             |
|   | Principal occu<br>doctor   | pation / Job title (See Instructions)                                                                                                      | Employer (See Instruction    | ns)      |                                                 |             |
|   | Date<br>02/14/2025         | Full name of contributor out-of-state PAC Aquino, Edwardo (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504             | C (ID#:)                     |          | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu<br>Doctor   | oation / Job title (See Instructions)                                                                                                      | Employer (See Instruction    | ns)      |                                                 |             |
|   | Date<br>02/14/2025         | Full name of contributor out-of-state PAC Arafat, Numan (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503               | C (ID#:)                     |          | Amount of Contribution (\$)                     | \$250.00    |
|   | Principal occu<br>doctor   | pation / Job title (See Instructions)                                                                                                      | Employer (See Instruction    | ns)      |                                                 |             |
|   |                            |                                                                                                                                            | •                            |          |                                                 |             |

|   | MONET                      | ARY POLITICAL CONTRIBUTION                                                                                                                      | ONS                          |                | SCHEDUL                                         | E <b>A1</b> |
|---|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|-------------------------------------------------|-------------|
|   | The Instruc                | ction Guide explains how to complete this t                                                                                                     | form.                        | 1              | Total pages Schedule A1:<br>Sch: 5/65 Rpt: 8/69 |             |
| 2 | FILER NAME<br>Border Healt | n PAC                                                                                                                                           |                              | 3              | Filer ID (Ethics Commission 00055547            | n Filers)   |
| 4 | Date 02/14/2025            | <ul> <li>Full name of contributor</li></ul>                                                                                                     |                              | 7              | Amount of Contribution (\$)                     | \$100.00    |
| 8 | Principal occur            | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                         | 9 Employer (See Instructions | )<br>          |                                                 |             |
|   | Physician                  | salor, cos lite (cos mondono)                                                                                                                   | Employer (eee meadeding      | ',             |                                                 |             |
|   | Date<br>02/14/2025         | Full name of contributor out-of-state PAC (ID#: Arellano-Rodriguez, Anabel (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78501 |                              |                | Amount of Contribution (\$)                     | \$8.31      |
|   | Principal occu             | pation / Job title (See Instructions)                                                                                                           | Employer (See Instructions   | <u> </u><br>5) |                                                 |             |
|   | private inves              | tor                                                                                                                                             |                              |                |                                                 |             |
|   | Date<br>02/14/2025         | Full name of contributor out-of-state PAC (ID#:_Arrazola, Pedro (Dr.)  Contributor address; City; State; Zip Code                               | )                            |                | Amount of Contribution (\$)                     | \$250.00    |
|   |                            | McAllen, TX 78504                                                                                                                               | 1                            | <u> </u>       |                                                 |             |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)                                                                                                           | Employer (See Instructions   | 5)             |                                                 |             |
|   | Date<br>02/14/2025         | Full name of contributor out-of-state PAC (ID#:_Asase, Danilo (Dr.)  Contributor address; City; State; Zip Code  Brownsville, TX 78526          | )                            |                | Amount of Contribution (\$)                     | \$100.00    |
|   | Principal occu<br>Doctor   | oation / Job title (See Instructions)                                                                                                           | Employer (See Instructions   | s)             |                                                 |             |
|   | Date 02/14/2025            | Full name of contributor out-of-state PAC (ID#:_Asistores, Marilyn (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539        |                              |                | Amount of Contribution (\$)                     | \$75.00     |
|   | Principal occu<br>Doctor   | oation / Job title (See Instructions)                                                                                                           | Employer (See Instructions   | 5)             |                                                 |             |
|   |                            |                                                                                                                                                 |                              |                |                                                 |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTION                                                                                                                      | ONS                          |           | SCHEDUL                                         | E <b>A1</b> |
|---|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------|-------------------------------------------------|-------------|
|   | The Instru                      | ction Guide explains how to complete this f                                                                                                     | orm.                         | 1         | Total pages Schedule A1:<br>Sch: 6/65 Rpt: 9/69 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                           |                              | 3         | Filer ID (Ethics Commission 00055547            | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Asuage, Juan (Dr.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul> |                              | 7         | Amount of Contribution (\$)                     | \$250.00    |
|   | Dringing ogg                    | McAllen, TX 78504                                                                                                                               | Employer (See Instructions   | <u>''</u> |                                                 |             |
| 8 | Doctor                          | pation / Job title (See Instructions)                                                                                                           | 9 Employer (See Instructions | o)        |                                                 |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Aude, Wady (Dr.)  Contributor address; City; State; Zip Code                                    | )                            | •         | Amount of Contribution (\$)                     | \$25.00     |
|   | Deinsinal assu                  | McAllen, TX 78501                                                                                                                               | Franks var (Caa kastrustiana | <u></u>   |                                                 |             |
|   | Doctor                          | pation / Job title (See Instructions)                                                                                                           | Employer (See Instructions   | 5)        |                                                 |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#:_Avelino, Arturo (Mr.)  Contributor address; City; State; Zip Code                               | )                            |           | Amount of Contribution (\$)                     | \$83.13     |
|   |                                 | McAllen, TX 78503                                                                                                                               |                              |           |                                                 |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor                                                                                                       | Employer (See Instructions   | 5)        |                                                 |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Badiga, Murthy (Dr.)  Contributor address; City; State; Zip Code  Weslaco, TX 78596             |                              | •         | Amount of Contribution (\$)                     | \$250.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                           | Employer (See Instructions   | 5)        |                                                 |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Barreda Jr., Raul (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503          | )                            |           | Amount of Contribution (\$)                     | \$10.00     |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                           | Employer (See Instructions   | S)        |                                                 |             |
|   |                                 |                                                                                                                                                 |                              |           |                                                 |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION                                                                                                            | DNS                                      |                | SCHEDUL                                          | E <b>A1</b> |
|---|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------|--------------------------------------------------|-------------|
|   | The Instruc                 | ction Guide explains how to complete this f                                                                                           | orm.                                     | 1              | Total pages Schedule A1:<br>Sch: 7/65 Rpt: 10/69 |             |
| 2 | FILER NAME<br>Border Healt  | n PAC                                                                                                                                 |                                          | 3              | Filer ID (Ethics Commission 00055547             | n Filers)   |
| 4 | Date<br>02/14/2025          | <ul> <li>Full name of contributor</li></ul>                                                                                           |                                          | 7              | Amount of Contribution (\$)                      | \$125.00    |
|   | Dringing aggr               | McAllen, TX 78504                                                                                                                     | Employer (See Instructions               | ·/_            |                                                  |             |
| 8 | private busin               | oation / Job title (See Instructions)<br>ess owner                                                                                    | 9 Employer (See Instructions             | ·)             |                                                  |             |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_Barrera, Richard (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78573 |                                          |                | Amount of Contribution (\$)                      | \$210.31    |
|   | Principal occu              | pation / Job title (See Instructions)                                                                                                 | Employer (See Instructions               | <u> </u><br>;) |                                                  |             |
|   | Physician                   |                                                                                                                                       | self-employed                            |                |                                                  |             |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Bazan, Johnny (Dr.)<br>Contributor address; City; State; Zip Code                 | )                                        |                | Amount of Contribution (\$)                      | \$10.00     |
|   |                             | Mission, TX 78572                                                                                                                     |                                          |                |                                                  |             |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)                                                                                                 | Employer (See Instructions               | 5)             |                                                  |             |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_ Bejarano, Jose (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504  |                                          |                | Amount of Contribution (\$)                      | \$191.19    |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)                                                                                                 | Employer (See Instructions self-employed | 5)             |                                                  |             |
|   | Date 02/14/2025             | Full name of contributor out-of-state PAC (ID#:_Bernini, Juan (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572    |                                          |                | Amount of Contribution (\$)                      | \$250.00    |
|   | Principal occu<br>Doctor    | oation / Job title (See Instructions)                                                                                                 | Employer (See Instructions               | 5)             |                                                  |             |
|   |                             |                                                                                                                                       |                                          |                |                                                  |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO                                                                                                                   | NS                                       |                | SCHEDUL                                          | E A1       |
|---|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------|--------------------------------------------------|------------|
|   | The Instruc                     | ction Guide explains how to complete this fo                                                                                                | rm.                                      | 1              | Total pages Schedule A1:<br>Sch: 8/65 Rpt: 11/69 |            |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                       |                                          | 3              | Filer ID (Ethics Commission 00055547             | on Filers) |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Bose, Ashley (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> | )                                        | 7              | Amount of Contribution (\$)                      | \$50.00    |
| 8 | Principal occu                  | McAllen, TX 78501 pation / Job title (See Instructions)                                                                                     | 9 Employer (See Instructions             | <u> </u><br>S) |                                                  |            |
|   | Date<br>02/14/2025              | Contributor address; City; State; Zip Code                                                                                                  | )                                        |                | Amount of Contribution (\$)                      | \$1,000.00 |
|   | Principal occu                  | McAllen, TX 78501 pation / Job title (See Instructions)                                                                                     | Employer (See Instructions               | <u> </u><br>S) |                                                  |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#: Bracamontes, Yvonne (Dr.)  Contributor address; City; State; Zip Code                       | )                                        |                | Amount of Contribution (\$)                      | \$100.00   |
|   | Principal occu                  | Mission, TX 78572 pation / Job title (See Instructions)                                                                                     | Employer (See Instructions               | <u> </u><br>s) |                                                  |            |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#:_Cadena, Sandra (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78504         | )                                        |                | Amount of Contribution (\$)                      | \$5.00     |
|   | Principal occu<br>Private Inves | pation / Job title (See Instructions)                                                                                                       | Employer (See Instructions Self-employed | <u>l</u><br>S) |                                                  |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#: Canales, Ricardo (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78501       | )                                        |                | Amount of Contribution (\$)                      | \$200.00   |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                       | Employer (See Instructions               | S)             |                                                  |            |
|   |                                 | <u> </u>                                                                                                                                    |                                          |                |                                                  |            |

|   | MONET                           | ARY POLITICAL CONTRIBUTION                                                                                                          | ONS                          |                | SCHEDULE A1                                      |   |
|---|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|--------------------------------------------------|---|
|   | The Instruc                     | ction Guide explains how to complete this f                                                                                         | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 9/65 Rpt: 12/69 | = |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                               |                              | 3              | Filer ID (Ethics Commission Filers) 00055547     |   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                         |                              | 7              | Amount of Contribution (\$) \$25.00              | ) |
| 8 | Principal occu                  | Mission, TX 78573 pation / Job title (See Instructions)                                                                             | 9 Employer (See Instructions | ·/             |                                                  | _ |
| • | Doctor                          | pation / Job title (See matrictions)                                                                                                | 5 Employer (See instructions | ·)             |                                                  |   |
|   | Date 02/14/2025                 | Contributor address; City; State; Zip Code                                                                                          | )                            |                | Amount of Contribution (\$) \$1,000.00           | = |
|   | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)                                                                             | Employer (See Instructions   | <u> </u><br>5) |                                                  | _ |
|   | private busin                   |                                                                                                                                     |                              |                |                                                  |   |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#:_ Cantu, David (Mr.)  Contributor address; City; State; Zip Code                     |                              |                | Amount of Contribution (\$) \$30.00              | ) |
|   |                                 | McAllen, TX 78504                                                                                                                   |                              |                |                                                  |   |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                        | Employer (See Instructions   | s)             |                                                  |   |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Cantu, Leonel (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 | )                            |                | Amount of Contribution (\$) \$200.00             | ) |
|   | Principal occu<br>Dr.           | pation / Job title (See Instructions)                                                                                               | Employer (See Instructions   | 5)             |                                                  |   |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Cantu, Melissa (Ms.)  Contributor address; City; State; Zip Code  Pharr, TX 78577   |                              |                | Amount of Contribution (\$) \$100.00             | ) |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor                                                                                           | Employer (See Instructions   | 5)             |                                                  | _ |
|   |                                 |                                                                                                                                     |                              |                |                                                  |   |

|   | MONET                           | ARY POLITICAL CONTRIBUTION                                                                                                                          | ONS                          |                | SCHEDULE A1                                       |
|---|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|---------------------------------------------------|
|   | The Instruc                     | ction Guide explains how to complete this f                                                                                                         | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 10/65 Rpt: 13/69 |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                               |                              | 3              | Filer ID (Ethics Commission Filers) 00055547      |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Caporusso, Joseph M. (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7              | Amount of Contribution (\$) \$50.00               |
| 8 | Dringinal occu                  | McAllen, TX 78501 pation / Job title (See Instructions)                                                                                             | 9 Employer (See Instructions |                |                                                   |
| 0 | Doctor                          | Janott 7 Job line (See Instructions)                                                                                                                | Employer (See Instructions   | ')             |                                                   |
|   | Date 02/14/2025                 | Contributor address; City; State; Zip Code                                                                                                          |                              |                | Amount of Contribution (\$) \$1,000.00            |
|   | Principal occu                  | McAllen, TX 78501 Dation / Job title (See Instructions)                                                                                             | Employer (See Instructions   | <u> </u><br>;) |                                                   |
|   | Doctor                          |                                                                                                                                                     |                              |                |                                                   |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_ Cardenas, Simon (Mr.)  Contributor address; City; State; Zip Code                                  | )                            |                | Amount of Contribution (\$) \$5.00                |
|   |                                 | McAllen, TX 78504                                                                                                                                   |                              |                |                                                   |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                                        | Employer (See Instructions   | 5)             |                                                   |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_ Carreras, Jose (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572                | )                            |                | Amount of Contribution (\$) \$400.00              |
|   | Principal occu<br>Dr            | oation / Job title (See Instructions)                                                                                                               | Employer (See Instructions   | ()             |                                                   |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Castaneda, Marissa (Ms.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539            | )                            |                | Amount of Contribution (\$) \$50.00               |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                                        | Employer (See Instructions   | )              |                                                   |
|   |                                 |                                                                                                                                                     |                              |                |                                                   |

|   | MONET                       | ARY POLITICAL CONTRIBUTION                                                                                                             | NS                                       |          | SCHEDUL                                           | E A1       |
|---|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------|---------------------------------------------------|------------|
|   | The Instru                  | ction Guide explains how to complete this fo                                                                                           | rm.                                      | 1        | Total pages Schedule A1:<br>Sch: 11/65 Rpt: 14/69 |            |
| 2 | FILER NAME<br>Border Healt  | h PAC                                                                                                                                  |                                          | 3        | Filer ID (Ethics Commission 00055547              | n Filers)  |
| 4 | Date 02/14/2025             | <ul> <li>Full name of contributor</li></ul>                                                                                            | )                                        | 7        | Amount of Contribution (\$)                       | \$57.36    |
|   |                             | Harlingen, TX 78550                                                                                                                    |                                          |          |                                                   |            |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)                                                                                                  | Employer (See Instructions               | i)       |                                                   |            |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:<br>Castillo, Melany (Dr.)<br>Contributor address; City; State; Zip Code                | )                                        |          | Amount of Contribution (\$)                       | \$124.89   |
|   | Principal occu              | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                | Employer (See Instructions               | <u></u>  |                                                   |            |
|   | physician                   | salion, out this (eee motions)                                                                                                         | Zimpioyer (eee meadeann                  | ,        |                                                   |            |
|   | Date 02/14/2025             | Full name of contributor  out-of-state PAC (ID#: Cavazos - Salas, Norma (Dr.)  Contributor address; City; State; Zip Code              | )                                        |          | Amount of Contribution (\$)                       | \$100.00   |
|   |                             | Mission, TX 78572                                                                                                                      |                                          |          |                                                   |            |
|   | Principal occu<br>Dr.       | pation / Job title (See Instructions)                                                                                                  | Employer (See Instructions               | i)       |                                                   |            |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#: Changlani, Mahesh (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | )                                        |          | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)                                                                                                  | Employer (See Instructions               | 5)       |                                                   |            |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#: Chavez Paz, Juan (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504  |                                          |          | Amount of Contribution (\$)                       | \$25.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                                                                                                  | Employer (See Instructions self-employed | <u> </u> |                                                   |            |
|   |                             | <u>'</u>                                                                                                                               |                                          |          |                                                   |            |

|   | MONEI                           | ARY POLITICAL CONTRIBUTI                                                   | ONS                          |          | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|----------------------------------------------------------------------------|------------------------------|----------|---------------------------------------------------|-------------|
|   | The Instruc                     | ction Guide explains how to complete this                                  | form.                        | 1        | Fotal pages Schedule A1:<br>Sch: 12/65 Rpt: 15/69 |             |
| 2 | FILER NAME<br>Border Healt      | n DAC                                                                      |                              | 1        | Filer ID (Ethics Commission 00055547              | n Filers)   |
|   |                                 |                                                                            |                              | _        |                                                   |             |
| 4 | Date<br>02/14/2025              | <ul> <li>Full name of contributor</li></ul>                                | #:)<br>                      | . 7      | Amount of Contribution (\$)                       | \$50.00     |
| _ |                                 | Mission, TX 78572                                                          | 1                            |          |                                                   |             |
| 8 | Principal occu<br>Physician     | oation / Job title (See Instructions)                                      | 9 Employer (See Instructions | s)       |                                                   |             |
|   | Date                            | Full name of contributor out-of-state PAC (ID#                             | #:)                          | 1        | Amount of Contribution (\$)                       |             |
|   | 02/14/2025                      | Cherian, Ally (Ms.)                                                        |                              |          |                                                   | \$20.00     |
|   |                                 | Contributor address; City; State; Zip Code                                 |                              |          |                                                   |             |
|   |                                 | McAllen, TX 78504                                                          |                              | <u> </u> |                                                   |             |
|   |                                 | pation / Job title (See Instructions)                                      | Employer (See Instructions   | S)       |                                                   |             |
|   | private inves                   |                                                                            |                              |          |                                                   |             |
|   | Date                            | Full name of contributor out-of-state PAC (ID#                             | #:)                          | /        | Amount of Contribution (\$)                       |             |
|   | 02/14/2025                      | Cooper-Dockery, Dona (Dr.)                                                 |                              | ]        |                                                   | \$125.00    |
|   |                                 | Contributor address; City; State; Zip Code  McAllen, TX 78504              |                              |          |                                                   |             |
|   | Dringing aggu                   | pation / Job title (See Instructions)                                      | Employer (See Instructions   | c)<br>   |                                                   |             |
|   | M.D                             | valion / 300 title (See instructions)                                      | Employer (See Instructions   | s)<br>   |                                                   |             |
|   | Date                            | Full name of contributor  uut-of-state PAC (ID#                            | #:)                          | 1        | Amount of Contribution (\$)                       |             |
|   | 02/14/2025                      | Cordoba-Kissee, Michelle (Dr.)  Contributor address; City; State; Zip Code |                              |          |                                                   | \$20.00     |
|   |                                 | Edinburg, TX 78539                                                         |                              |          |                                                   |             |
|   | Principal occu<br>78542         | oation / Job title (See Instructions)                                      | Employer (See Instructions   | s)       |                                                   |             |
|   | Date                            | Full name of contributor  out-of-state PAC (ID#                            | #:)                          |          | Amount of Contribution (\$)                       |             |
|   | 02/14/2025                      | Coronado Garcia, Aida (Ms.)                                                |                              |          | .,                                                | \$19.12     |
|   |                                 | Contributor address; City; State; Zip Code                                 |                              | .        |                                                   |             |
|   |                                 | Brownsville, TX 78526                                                      |                              |          |                                                   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)                                      | Employer (See Instructions   | s)       |                                                   |             |
|   |                                 |                                                                            | -                            |          |                                                   |             |

|   | MONET                      | ARY POLITICAL CONTRIBUTION                                                                                                       | NS                         |                | SCHEDULI                                          | E <b>A1</b> |
|---|----------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|---------------------------------------------------|-------------|
|   | The Instru                 | ction Guide explains how to complete this fo                                                                                     | rm.                        | 1              | Total pages Schedule A1:<br>Sch: 13/65 Rpt: 16/69 |             |
| 2 | FILER NAME<br>Border Healt | h PAC                                                                                                                            |                            | 3              | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025            | <ul> <li>Full name of contributor</li></ul>                                                                                      | )                          | 7              | Amount of Contribution (\$)                       | \$250.00    |
| _ |                            | McAllen, TX 78504                                                                                                                |                            | Ĺ              |                                                   |             |
| 8 | Principal occu<br>Dr.      | pation / Job title (See Instructions)                                                                                            | Employer (See Instructions | 5)             |                                                   |             |
|   | Date 02/14/2025            | Full name of contributor out-of-state PAC (ID#:<br>Cortinas, Guillermo A. (Dr.)<br>Contributor address; City; State; Zip Code    | )                          |                | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu             | McAllen, TX 78504 Dation / Job title (See Instructions)                                                                          | Employer (See Instructions | <u> </u><br>5) |                                                   |             |
|   | Doctor                     |                                                                                                                                  |                            |                |                                                   |             |
|   | Date 02/14/2025            | Full name of contributor                                                                                                         | )                          |                | Amount of Contribution (\$)                       | \$250.00    |
|   |                            | McAllen, TX 78504                                                                                                                |                            |                |                                                   |             |
|   | Principal occu<br>Dr.      | pation / Job title (See Instructions)                                                                                            | Employer (See Instructions | 5)             |                                                   |             |
|   | Date<br>02/14/2025         | Full name of contributor out-of-state PAC (ID#: Cruz, Edgar (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 |                            |                | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)                                                                                            | Employer (See Instructions | 5)             |                                                   |             |
|   | Date<br>02/14/2025         | Full name of contributor out-of-state PAC (ID#:                                                                                  |                            |                | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu<br>Dr.      | pation / Job title (See Instructions)                                                                                            | Employer (See Instructions | 5)             |                                                   |             |
|   |                            | <u>'</u>                                                                                                                         |                            |                |                                                   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUT                                                                                                              | ION   | IS                             |                | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------|----------------|---------------------------------------------------|-------------|
|   | The Instruc                     | ction Guide explains how to complete this                                                                                            | s for | m.                             | 1              | Total pages Schedule A1:<br>Sch: 14/65 Rpt: 17/69 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                |       |                                | 3              | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                          | #:    |                                | 7              | Amount of Contribution (\$)                       | \$25.00     |
| 8 | Principal occu                  | Mission, TX 78572 pation / Job title (See Instructions)                                                                              | 9     | Employer (See Instructions     | <br>s)         |                                                   |             |
|   | physician                       |                                                                                                                                      |       | Self-employed                  |                |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID Deanda, David (Mr.)  Contributor address; City; State; Zip Code                        |       |                                | •              | Amount of Contribution (\$)                       | \$250.00    |
|   | Delevieral                      | Mission, TX 78574                                                                                                                    |       | Frankrika (Osar kasatawatia na |                |                                                   |             |
|   | principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                         |       | Employer (See Instructions     | 5)             |                                                   |             |
|   | Date                            | Full name of contributor                                                                                                             | #.    | )                              | Г              | Amount of Contribution (\$)                       |             |
|   | 02/14/2025                      | Del Bosque, Oscar (Mr.)  Contributor address; City; State; Zip Code                                                                  |       |                                |                | (4)                                               | \$100.00    |
|   |                                 | Edinburg, TX 78539                                                                                                                   |       |                                |                |                                                   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)                                                                                                |       | Employer (See Instructions     | <u>l</u><br>s) |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID Delgado, Luis (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78501     |       |                                |                | Amount of Contribution (\$)                       | \$125.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                |       | Employer (See Instructions     | 5)             |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID Divino, Haydee T. (Ms.)  Contributor address; City; State; Zip Code  Mission, TX 78572 | #:    | )                              |                | Amount of Contribution (\$)                       | \$20.00     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                         |       | Employer (See Instructions     | 5)             |                                                   |             |
|   |                                 |                                                                                                                                      |       |                                |                |                                                   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTION                                                                                                               | ONS                          |                | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|---------------------------------------------------|-------------|
|   | The Instruc                     | ction Guide explains how to complete this f                                                                                              | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 15/65 Rpt: 18/69 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                    |                              | 3              | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                              |                              | 7              | Amount of Contribution (\$)                       | \$1,000.00  |
| _ |                                 | Mission, TX 78504                                                                                                                        |                              | _              |                                                   |             |
| 8 | Principal occu<br>Dr            | pation / Job title (See Instructions)                                                                                                    | 9 Employer (See Instructions | 5)             |                                                   |             |
|   | Date 02/14/2025                 | Contributor address; City; State; Zip Code                                                                                               |                              |                | Amount of Contribution (\$)                       | \$41.56     |
|   | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                  | Employer (See Instructions   | <u> </u><br>;) |                                                   |             |
|   | private inves                   |                                                                                                                                          |                              |                |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_<br>Echols, Minerva (Ms.)  Contributor address; City; State; Zip Code                    | )                            |                | Amount of Contribution (\$)                       | \$20.00     |
|   |                                 | Pharr, TX 78577                                                                                                                          |                              |                |                                                   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                             | Employer (See Instructions   | 5)             |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Esparza, Cristina (Mrs.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 | )                            |                | Amount of Contribution (\$)                       | \$5.00      |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                             | Employer (See Instructions   | 5)             |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Espinoza, Manuel (Dr.)  Contributor address; City; State; Zip Code  Harlingen, TX 78550  |                              |                | Amount of Contribution (\$)                       | \$166.25    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                    | Employer (See Instructions   | 5)             |                                                   |             |
|   |                                 |                                                                                                                                          |                              |                |                                                   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTION                                                                                                               | ONS                          |          | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------|---------------------------------------------------|-------------|
|   | The Instru                      | ction Guide explains how to complete this fo                                                                                             | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 16/65 Rpt: 19/69 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                    |                              | 3        | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                              | )                            | 7        | Amount of Contribution (\$)                       | \$200.00    |
| _ |                                 | Rio Grande, TX 78582                                                                                                                     |                              |          |                                                   |             |
| 8 | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                    | 9 Employer (See Instructions | 5)       |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#:_Falcon, Maria Elena (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | )                            |          | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                    | Employer (See Instructions   | 5)       |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#:_Flores, Melissa (Ms.)  Contributor address; City; State; Zip Code                        |                              |          | Amount of Contribution (\$)                       | \$25.00     |
|   |                                 | Edinburg, TX 78542                                                                                                                       |                              |          |                                                   |             |
|   | principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                             | Employer (See Instructions   | ;)       |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Forse, Armour (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503       |                              |          | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>physician     | pation / Job title (See Instructions)                                                                                                    | Employer (See Instructions   | <u> </u> |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Francis, Mary (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78503       | )                            |          | Amount of Contribution (\$)                       | \$114.71    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                    | Employer (See Instructions   | ·<br>)   |                                                   |             |
|   |                                 |                                                                                                                                          |                              |          |                                                   |             |

|   | MONET                           | ARY POLITICAL CONTRIBU                                                                                                       | TIONS                        | SCHEDULE A1                                         |
|---|---------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------|
|   | The Instruc                     | ction Guide explains how to complete th                                                                                      | his form.                    | 1 Total pages Schedule A1:<br>Sch: 17/65 Rpt: 20/69 |
| 2 | FILER NAME<br>Border Healt      | n PAC                                                                                                                        |                              | 3 Filer ID (Ethics Commission Filers) 00055547      |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                  |                              | 7 Amount of Contribution (\$) \$1,000.00            |
| 8 | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)                                                                      | 9 Employer (See Instructions | ns)                                                 |
| Ū | Doctor                          | odion, oop tile (occ instructions)                                                                                           | 2 Employer (See Institutions | 110)                                                |
|   | Date<br>02/14/2025              | Full name of contributor  out-of-state PAC Garcia, Carlos (Dr.)  Contributor address; City; State; Zip Code                  | (ID#:)                       | Amount of Contribution (\$)                         |
|   | Dringing age                    | McAllen, TX 78504                                                                                                            | Employer (Coo Instructions   | 200                                                 |
|   | Doctor                          | pation / Job title (See Instructions)                                                                                        | Employer (See Instructions   | ns)                                                 |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC Garcia, Cynthia (Dr.)  Contributor address; City; State; Zip Code                  | (ID#:)                       | Amount of Contribution (\$)                         |
|   |                                 | Harlingen, TX 78550                                                                                                          |                              |                                                     |
|   | Principal occu<br>doctor        | pation / Job title (See Instructions)                                                                                        | Employer (See Instructions   | ns)                                                 |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC Garcia, Elvin (Dr.)  Contributor address; City; State; Zip Code  Weslaco, TX 78596 | (ID#:)                       | Amount of Contribution (\$) \$1,000.00              |
|   | Principal occu<br>Dr.           | oation / Job title (See Instructions)                                                                                        | Employer (See Instructions   | ns)                                                 |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC Garcia, Nancy (Ms.)  Contributor address; City; State; Zip Code  Mission, TX 78572 | (ID#:)                       | Amount of Contribution (\$)                         |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                 | Employer (See Instructions   | ns)                                                 |
|   |                                 |                                                                                                                              | •                            |                                                     |

|   | MONET                           | ARY POLITICAL CONTRIBUTI                                                                                                            | ONS                          |                | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|---------------------------------------------------|-------------|
|   | The Instru                      | ction Guide explains how to complete this                                                                                           | form.                        | 1              | Total pages Schedule A1:<br>Sch: 18/65 Rpt: 21/69 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                               |                              | 1              | Filer ID (Ethics Commissio 00055547               | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                         |                              | 7              | Amount of Contribution (\$)                       | \$250.00    |
| 8 | Principal occu                  | McAllen, TX 78503 pation / Job title (See Instructions)                                                                             | 9 Employer (See Instructions | s)             |                                                   |             |
| Ū | Doctor                          | sation, con the (occ mandations)                                                                                                    | 2 Employer (See Management   | 3)             |                                                   |             |
|   | Date 02/14/2025                 | Contributor address; City; State; Zip Code                                                                                          | #:                           |                | Amount of Contribution (\$)                       | \$1,000.00  |
|   | Principal occu                  | Mission, TX 78572  pation / Job title (See Instructions)                                                                            | Employer (See Instructions   | <u> </u><br>s) |                                                   |             |
|   | Doctor                          | ,                                                                                                                                   | p - 3 - (                    | -,             |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor  out-of-state PAC (ID: Garcia, Pamela (Ms.)  Contributor address; City; State; Zip Code                    | #:)                          |                | Amount of Contribution (\$)                       | \$15.00     |
|   |                                 | Mission, TX 78572                                                                                                                   |                              |                |                                                   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                        | Employer (See Instructions   | s)             |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID: Garcia, Ricardo (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | #:)                          |                | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)                                                                                               | Employer (See Instructions   | s)             |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID: Garcia, Samuel (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504  | #:)                          |                | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Dr.           | oation / Job title (See Instructions)                                                                                               | Employer (See Instructions   | s)             |                                                   |             |
|   |                                 |                                                                                                                                     | •                            |                |                                                   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTION                                                                                                                          | ONS                          |                | SCHEDUL                                           | E A1       |
|---|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|---------------------------------------------------|------------|
|   | The Instruc                     | ction Guide explains how to complete this                                                                                                           | form.                        | 1              | Total pages Schedule A1:<br>Sch: 19/65 Rpt: 22/69 |            |
| 2 | FILER NAME<br>Border Healt      | n PAC                                                                                                                                               |                              | 3              | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Garcia Lopez, Javier (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7              | Amount of Contribution (\$)                       | \$15.00    |
| 8 | Principal occu                  | Mission, TX 78572  pation / Job title (See Instructions)                                                                                            | 9 Employer (See Instructions | <u> </u><br>s) |                                                   |            |
|   | private inves                   |                                                                                                                                                     |                              | ,              |                                                   |            |
|   | Date 02/14/2025                 | Contributor address; City; State; Zip Code                                                                                                          |                              |                | Amount of Contribution (\$)                       | \$9.56     |
|   | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                             | Employer (See Instructions   | s)             |                                                   |            |
|   | private inves                   |                                                                                                                                                     |                              | -,             |                                                   |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#: Garza, Gavino (Mr.)  Contributor address; City; State; Zip Code                                     |                              |                | Amount of Contribution (\$)                       | \$20.78    |
|   |                                 | Mission, TX 78572                                                                                                                                   |                              |                |                                                   |            |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                                        | Employer (See Instructions   | 5)             |                                                   |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#: Garza, Jaime (Dr.) Contributor address; City; State; Zip Code Edinburg, TX 78539                    |                              |                | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                               | Employer (See Instructions   | 5)             |                                                   |            |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#: Garza, Jesus (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78501                   |                              | •              | Amount of Contribution (\$)                       | \$150.00   |
|   | Principal occu<br>doctor        | pation / Job title (See Instructions)                                                                                                               | Employer (See Instructions   | <u>.</u><br>S) |                                                   |            |
|   |                                 |                                                                                                                                                     |                              |                |                                                   |            |

|   | MONET                           | ARY POLITICAL CONTRIBU                                                                                                                  | TIONS                        |        | SCHEDULE                                          | <b>■ A1</b> |
|---|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|---------------------------------------------------|-------------|
|   | The Instruc                     | etion Guide explains how to complete th                                                                                                 | his form.                    | 1      | Total pages Schedule A1:<br>Sch: 20/65 Rpt: 23/69 |             |
| 2 | FILER NAME<br>Border Healt      | n PAC                                                                                                                                   |                              | 1      | Filer ID (Ethics Commission 00055547              | Filers)     |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-state PAC Garza, Joaquin (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7      | Amount of Contribution (\$)                       | \$10.00     |
| 8 | Principal occu                  | Mission, TX 78572  pation / Job title (See Instructions)                                                                                | 9 Employer (See Instructions | <br>s) |                                                   |             |
|   | private inves                   |                                                                                                                                         |                              | ,      |                                                   |             |
|   | Date 02/14/2025                 | Contributor address; City; State; Zip Code                                                                                              | (ID#:)                       |        | Amount of Contribution (\$)                       | \$1,000.00  |
|   | Principal occur                 | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                 | Employer (See Instructions   | e)<br> |                                                   |             |
|   | private busin                   |                                                                                                                                         | Employer (See instructions   | 3)     |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor  out-of-state PAC Garza, Kareena (Mrs.)  Contributor address; City; State; Zip Code                            | (ID#:)                       |        | Amount of Contribution (\$)                       | \$3.82      |
|   |                                 | Edinburg, TX 78539                                                                                                                      |                              |        |                                                   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>For                                                                                            | Employer (See Instructions   | s)     |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC Garza, Martin (Dr.)  Contributor address; City; State; Zip Code  Linn, TX 78563               | (ID#:)                       |        | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)                                                                                                   | Employer (See Instructions   | s)     |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC Garza Jr, Ruben (Mr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504          | (ID#:)                       |        | Amount of Contribution (\$)                       | \$5.00      |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)                                                                                                   | Employer (See Instructions   | s)     |                                                   |             |
|   |                                 |                                                                                                                                         | - 1                          |        |                                                   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTION                                                                                                              | DNS                          |                | SCHEDULE A1                                       |   |
|---|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|---------------------------------------------------|---|
|   | The Instruc                     | ction Guide explains how to complete this f                                                                                             | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 21/65 Rpt: 24/69 | = |
| 2 | FILER NAME<br>Border Healt      | n PAC                                                                                                                                   |                              | 3              | Filer ID (Ethics Commission Filers) 00055547      |   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                             |                              | 7              | Amount of Contribution (\$) \$1,000.00            | - |
| 8 | Principal occu                  | mcallen, TX 78503 pation / Job title (See Instructions)                                                                                 | 9 Employer (See Instructions | <u> </u><br>;) |                                                   | _ |
|   | Doctor                          | ,                                                                                                                                       |                              | ,              |                                                   |   |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_ Giraldo, Alvaro (Dr.)  Contributor address; City; State; Zip Code                      | )                            |                | Amount of Contribution (\$) \$100.00              | - |
|   | Dringing Lagor                  | McAllen, TX 78504                                                                                                                       | Franksian (Coo lastinisticas | <u></u>        |                                                   | _ |
|   | Dr.                             | pation / Job title (See Instructions)                                                                                                   | Employer (See Instructions   | 5)             |                                                   |   |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#:_Gomez, Felipe (Dr.)  Contributor address; City; State; Zip Code                         |                              |                | Amount of Contribution (\$) \$50.00               | ) |
|   |                                 | McAllen, TX 78503                                                                                                                       |                              |                |                                                   |   |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                   | Employer (See Instructions   | ;)             |                                                   |   |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_ Gomez, Juan Pablo (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 |                              |                | Amount of Contribution (\$) \$200.00              | ) |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)                                                                                                   | Employer (See Instructions   | 5)             |                                                   | _ |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Gomez, Marco (Mr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539      |                              |                | Amount of Contribution (\$) \$50.00               | - |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                            | Employer (See Instructions   | 5)             |                                                   |   |
|   |                                 |                                                                                                                                         | ,                            |                |                                                   | _ |

|   | MONET                           | ARY POLITICAL CONTR                                                                                                                               | RIBUTION             | IS                         |                                               | SCHEDULE                                          | <b>■ A1</b> |
|---|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------|-----------------------------------------------|---------------------------------------------------|-------------|
|   | The Instruc                     | ction Guide explains how to comp                                                                                                                  | olete this for       | m.                         | 1                                             | Total pages Schedule A1:<br>Sch: 22/65 Rpt: 25/69 |             |
| 2 | FILER NAME<br>Border Healt      | n PAC                                                                                                                                             |                      |                            | 3                                             | Filer ID (Ethics Commission 00055547              | ı Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-st</li> <li>Gomez-Martinez, Marissa (Dr.)</li> <li>Contributor address; City; State; Zip Cod</li> </ul> |                      | )                          | 7                                             | Amount of Contribution (\$)                       | \$20.00     |
| 8 | Principal occur                 | Edinburg, TX 78539 pation / Job title (See Instructions)                                                                                          | la                   | Employer (See Instructions | ·/                                            |                                                   |             |
| 0 | Doctor                          | oation / Job title (See Instructions)                                                                                                             | ľ                    | Employer (See Instructions | ,                                             |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-st Gonzales, Elizabeth Ann (Ms.)  Contributor address; City; State; Zip Cod Alamo, TX 78516                       |                      | )                          |                                               | Amount of Contribution (\$)                       | \$3.82      |
|   | Principal occu                  | pation / Job title (See Instructions)                                                                                                             |                      | Employer (See Instructions | <u>                                      </u> |                                                   |             |
|   | private inves                   | tor                                                                                                                                               |                      |                            |                                               |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-st Gonzalez, Ada (Mrs.)  Contributor address; City; State; Zip Cod                                                | tate PAC (ID#:<br>de | )                          |                                               | Amount of Contribution (\$)                       | \$19.12     |
|   |                                 | Alamo, TX 78516                                                                                                                                   |                      |                            |                                               |                                                   |             |
|   | Principal occu<br>private busin | pation / Job title (See Instructions) ess owner                                                                                                   |                      | Employer (See Instructions | 5)                                            |                                                   |             |
|   | Date<br>02/14/2025              | Gonzalez, Aida (Ms.)                                                                                                                              |                      | )                          |                                               | Amount of Contribution (\$)                       | \$5.00      |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                                      |                      | Employer (See Instructions | 5)                                            |                                                   |             |
|   | Date<br>02/14/2025              | Gonzalez, Alfredo                                                                                                                                 |                      |                            |                                               | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)                                                                                                             |                      | Employer (See Instructions | 5)                                            |                                                   |             |
|   |                                 |                                                                                                                                                   | <b>'</b>             |                            |                                               |                                                   |             |

|   | MONEI                           | ARY POLITICAL CONTRIBU                                                                                                                       | HONS                         |          | SCHEDUI                                           | E A1       |
|---|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------|---------------------------------------------------|------------|
|   | The Instruc                     | ction Guide explains how to complete th                                                                                                      | nis form.                    | 1        | Total pages Schedule A1:<br>Sch: 23/65 Rpt: 26/69 |            |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                        |                              | 1        | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-state PAC (Gonzalez, Jaime A. (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> | (ID#:)                       | 7        | Amount of Contribution (\$)                       | \$1,000.00 |
| • | Dringinal accu                  | Edinburg, TX 78539 pation / Job title (See Instructions)                                                                                     | Employer (See Instructions   | )c)      |                                                   |            |
| o | private busin                   |                                                                                                                                              | 9 Employer (See Instructions | 15)      |                                                   |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC ( Gonzalez, Jesus (Mr.)  Contributor address; City; State; Zip Code                                | (ID#:)                       |          | Amount of Contribution (\$)                       | \$25.00    |
|   | 5                               | Edinburg, TX 78542                                                                                                                           |                              | <u> </u> |                                                   |            |
|   | principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                                 | Employer (See Instructions   | is)      |                                                   |            |
|   | Date 02/14/2025                 | Full name of contributor  ut-of-state PAC ( Gonzalez, Roberto (Dr.)  Contributor address; City; State; Zip Code                              | (ID#:)                       |          | Amount of Contribution (\$)                       | \$25.00    |
|   |                                 | McAllen, TX 78503                                                                                                                            |                              |          |                                                   |            |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                        | Employer (See Instructions   | ıs)      |                                                   |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC ( Gonzalez Jr, Alfonso (Mr.)  Contributor address; City; State; Zip Code  Brownsville, TX 78521    | (ID#:)                       |          | Amount of Contribution (\$)                       | \$10.00    |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                                 | Employer (See Instructions   | ns)      |                                                   |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC ( Griego, Enrique (Dr.)  Contributor address; City; State; Zip Code  Pharr, TX 78577               | (ID#:)                       |          | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu<br>M.D.          | pation / Job title (See Instructions)                                                                                                        | Employer (See Instructions   | ıs)      |                                                   |            |
|   |                                 |                                                                                                                                              |                              |          |                                                   |            |

|   | MONET                           | ARY POLITICAL CONTRIBUT                                                                                                                         | IONS                         |                | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|---------------------------------------------------|-------------|
|   | The Instruc                     | etion Guide explains how to complete this                                                                                                       | s form.                      | 1              | Total pages Schedule A1:<br>Sch: 24/65 Rpt: 27/69 |             |
| 2 | FILER NAME<br>Border Healt      | n PAC                                                                                                                                           |                              | 3              | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-state PAC (ID Guadarrama, Delisa (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7              | Amount of Contribution (\$)                       | \$114.72    |
|   |                                 | Edinburg, TX 78539                                                                                                                              |                              |                |                                                   |             |
| 8 | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                           | 9 Employer (See Instructions | s)             |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID Guardia, Juan A. (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504             | )<br>#:)                     |                | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu                  | pation / Job title (See Instructions)                                                                                                           | Employer (See Instructions   | <u> </u><br>s) |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID Guerra, Daniel (Dr.)  Contributor address; City; State; Zip Code                                  | )<br>#:)                     |                | Amount of Contribution (\$)                       | \$1,000.00  |
|   |                                 | McAllen, TX 78501 pation / Job title (See Instructions)                                                                                         | Employer (See Instructions   | s)             |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID Guerra, Ernesto (Mr.)  Contributor address; City; State; Zip Code  McAllen, TX 78502              | )#:)                         |                | Amount of Contribution (\$)                       | \$76.48     |
|   | Principal occu<br>private busin | pation / Job title (See Instructions)                                                                                                           | Employer (See Instructions   | <u>I</u><br>s) |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (IE Guerra, R.Marcy (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78541             | )#:)                         |                | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Dr.           | oation / Job title (See Instructions)                                                                                                           | Employer (See Instructions   | s)             |                                                   |             |
|   |                                 |                                                                                                                                                 | •                            |                |                                                   |             |

|   | MONET                      | ARY POLITICAL CO                                                                                              | ONTRIBUTION                           | IS                         |    | SCHEDUI                                           | E A1       |
|---|----------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------|----|---------------------------------------------------|------------|
|   | The Instru                 | ction Guide explains how to                                                                                   | o complete this for                   | m.                         | 1  | Total pages Schedule A1:<br>Sch: 25/65 Rpt: 28/69 |            |
| 2 | FILER NAME<br>Border Healt | h PAC                                                                                                         |                                       |                            | 3  | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 02/14/2025            | <ul><li>5 Full name of contributor Gummadi, Sarada (Dr.)</li><li>6 Contributor address; City; State</li></ul> | out-of-state PAC (ID#:<br>e; Zip Code | )                          | 7  | Amount of Contribution (\$)                       | \$25.00    |
|   |                            | Mission, TX 78572                                                                                             | <u></u>                               |                            |    |                                                   |            |
| 8 | Principal occu<br>Doctor   | pation / Job title (See Instructions)                                                                         | 9                                     | Employer (See Instructions | 5) |                                                   |            |
|   | Date<br>02/14/2025         | Full name of contributor  Gutierrez, Alberto (Dr.)  Contributor address; City; State                          | out-of-state PAC (ID#:                |                            |    | Amount of Contribution (\$)                       | \$250.00   |
|   | Principal occu             | Edinburg, TX 78539 pation / Job title (See Instructions)                                                      |                                       | Employer (See Instructions | ;) |                                                   |            |
|   | Doctor                     | ,                                                                                                             |                                       |                            | ,  |                                                   |            |
|   | Date 02/14/2025            | Full name of contributor  Gutierrez, Marco (Dr.)  Contributor address; City; State                            | out-of-state PAC (ID#:<br>e; Zip Code | )                          |    | Amount of Contribution (\$)                       | \$1,000.00 |
|   |                            | Edinburg, TX 78539                                                                                            |                                       |                            |    |                                                   |            |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)                                                                         |                                       | Employer (See Instructions | 5) |                                                   |            |
|   | Date<br>02/14/2025         | Full name of contributor Gutierrez, Miguel (Dr.)  Contributor address; City; State  McAllen, TX 78501         |                                       |                            |    | Amount of Contribution (\$)                       | \$250.00   |
|   | Principal occu<br>Dr.      | pation / Job title (See Instructions)                                                                         |                                       | Employer (See Instructions | 5) |                                                   |            |
|   | Date<br>02/14/2025         | Full name of contributor Guzman, Eduardo (Dr.) Contributor address; City; State Penitas, TX 78504             | out-of-state PAC (ID#:                | )                          |    | Amount of Contribution (\$)                       | \$50.00    |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)                                                                         |                                       | Employer (See Instructions | 5) |                                                   |            |
|   |                            |                                                                                                               | L                                     |                            |    |                                                   |            |

|   | MONET                           | ARY POLITICAL CONTR                                                                                        | RIBUTION              | IS                         |          | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------|----------|---------------------------------------------------|-------------|
|   | The Instruc                     | ction Guide explains how to comp                                                                           | plete this for        | m.                         | 1        | Total pages Schedule A1:<br>Sch: 26/65 Rpt: 29/69 |             |
| 2 | FILER NAME<br>Border Healt      | 1 PAC                                                                                                      |                       |                            | 3        | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025                 | Haddad, Roberto (Mr.)                                                                                      | tate PAC (ID#:        |                            | 7        | Amount of Contribution (\$)                       | \$10.00     |
| 8 | Principal occu                  | McAllen, TX 78501 pation / Job title (See Instructions)                                                    | 9                     | Employer (See Instructions | <u> </u> |                                                   |             |
|   | Private Inves                   |                                                                                                            |                       |                            | ,        |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-si Haddad, Victor (Dr.)  Contributor address; City; State; Zip Contributor |                       |                            |          | Amount of Contribution (\$)                       | \$1,000.00  |
|   |                                 | McAllen, TX 78503                                                                                          |                       |                            |          |                                                   |             |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                      |                       | Employer (See Instructions | 5)       |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-si Hance, Courtney (Ms.)  Contributor address; City; State; Zip Co         | state PAC (ID#:<br>de |                            |          | Amount of Contribution (\$)                       | \$5.00      |
|   |                                 | Harlingen, TX 78552                                                                                        |                       |                            | Ĺ        |                                                   |             |
|   | private inves                   | pation / Job title (See Instructions)<br>For                                                               |                       | Employer (See Instructions | 5)       |                                                   |             |
|   | Date<br>02/14/2025              | Harris, Joseph (Mr.)                                                                                       |                       | )                          |          | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>or                                                                |                       | Employer (See Instructions | 5)       |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-si Hensler, Blake (Mr.)  Contributor address; City; State; Zip Co          | de                    | )                          |          | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>or                                                                |                       | Employer (See Instructions | 5)       |                                                   |             |
|   |                                 |                                                                                                            | L_                    |                            |          |                                                   |             |

|   | MONET                           | ARY POLITICAL CO                                                                                               | ONTRIBUTION                       | IS                         |                | SCHEDUI                                           | LE <b>A1</b> |
|---|---------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------|----------------|---------------------------------------------------|--------------|
|   | The Instru                      | ction Guide explains how t                                                                                     | o complete this for               | m.                         | 1              | Total pages Schedule A1:<br>Sch: 27/65 Rpt: 30/69 |              |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                          |                                   |                            | 3              | Filer ID (Ethics Commission 00055547              | on Filers)   |
| 4 | Date 02/14/2025                 | <ul><li>5 Full name of contributor Hensler, Monique (Ms.)</li><li>6 Contributor address; City; State</li></ul> | out-of-state PAC (ID#:e; Zip Code | )                          | 7              | Amount of Contribution (\$)                       | \$25.00      |
|   |                                 | Edinburg, TX 78539                                                                                             |                                   |                            |                |                                                   |              |
| 8 | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                   | 9                                 | Employer (See Instructions | s)             |                                                   |              |
|   | Date<br>02/14/2025              | Full name of contributor  Hernandez, Ambrosio (Dr.)  Contributor address; City; State                          | out-of-state PAC (ID#:e; Zip Code | )                          |                | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu                  | San Juan, TX 78589 pation / Job title (See Instructions)                                                       |                                   | Employer (See Instructions | <u> </u><br>5) |                                                   |              |
|   | Date<br>02/14/2025              | Full name of contributor  Hernandez, Cristela (Dr.)  Contributor address; City; State                          | out-of-state PAC (ID#:e; Zip Code |                            |                | Amount of Contribution (\$)                       | \$200.00     |
|   | Principal occu                  | Edinburg, TX 78539 pation / Job title (See Instructions)                                                       |                                   | Employer (See Instructions | <u> </u><br>s) |                                                   |              |
|   | physician                       | ,                                                                                                              |                                   |                            |                |                                                   |              |
|   | Date<br>02/14/2025              | Full name of contributor  Hernandez, Lisa (Ms.)  Contributor address; City; State  Edinburg, TX 78539          |                                   |                            |                | Amount of Contribution (\$)                       | \$20.00      |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                   |                                   | Employer (See Instructions | 5)             |                                                   |              |
|   | Date<br>02/14/2025              | Full name of contributor  Hernandez, Max (Dr.)  Contributor address; City; State  McAllen, TX 78504            | out-of-state PAC (ID#:            | )                          |                | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu<br>Dr.           | pation / Job title (See Instructions)                                                                          |                                   | Employer (See Instructions | ;)             |                                                   |              |
|   |                                 |                                                                                                                |                                   |                            |                |                                                   |              |

|   | MONET                      | ARY POLITICAL CONTRIBU                                                                                                                    | JTIONS                       |                   | SCHEDUI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LE <b>A1</b> |
|---|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
|   | The Instruc                | etion Guide explains how to complete t                                                                                                    | this form.                   | 1                 | ges Schedule A1:<br>8/65 Rpt: 31/69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |
| 2 | FILER NAME<br>Border Healt | 1 PAC                                                                                                                                     |                              | 3 Filer ID 000555 | (Ethics Commission (Ethics Commi | on Filers)   |
| 4 | Date 02/14/2025            | <ul> <li>Full name of contributor  out-of-state PAC Hinojosa, Martha (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7 Amount          | of Contribution (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$10.00      |
| 8 | Principal occu             | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                   | 9 Employer (See Instructions | s)                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
|   | private inves              |                                                                                                                                           |                              | -,                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
|   | Date 02/14/2025            | Full name of contributor out-of-state PAC Honrubia, Dynio (Dr.)  Contributor address; City; State; Zip Code                               | C (ID#:)                     | Amount            | of Contribution (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$100.00     |
|   | Dringing aggr              | McAllen, TX 78504                                                                                                                         | Employer (See Instructions   | 2)                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
|   | Dr.                        | pation / Job title (See Instructions)                                                                                                     | Employer (See Instructions   | 5)                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
|   | Date 02/14/2025            | Full name of contributor out-of-state PAG Honrubia, Vincent (Dr.)  Contributor address; City; State; Zip Code                             | C (ID#:)                     | Amount            | of Contribution (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$1,000.00   |
|   |                            | McAllen, TX 78503                                                                                                                         |                              |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
|   | Principal occu<br>Dr.      | pation / Job title (See Instructions)                                                                                                     | Employer (See Instructions   | s)                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
|   | Date<br>02/14/2025         | Full name of contributor out-of-state PAG Iglesias, Norma (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504            | C (ID#:)                     | Amount            | of Contribution (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$1,000.00   |
|   | Principal occu<br>Doctor   | oation / Job title (See Instructions)                                                                                                     | Employer (See Instructions   | s)                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
|   | Date<br>02/14/2025         | Full name of contributor out-of-state PACIgoa, Jose (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503                  | C (ID#:)                     | Amount            | of Contribution (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$250.00     |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)                                                                                                     | Employer (See Instructions   | s)                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
|   |                            |                                                                                                                                           | •                            |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |

|   | MONET                      | ARY POLITICAL CONTRIBUT                                                                                                             | FIONS                        |           | SCHEDUL                                           | E <b>A1</b> |
|---|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------|---------------------------------------------------|-------------|
|   | The Instruc                | tion Guide explains how to complete th                                                                                              | is form.                     | 1         | Total pages Schedule A1:<br>Sch: 29/65 Rpt: 32/69 |             |
| 2 | FILER NAME<br>Border Healt | ı PAC                                                                                                                               |                              | 3         | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025            | <ul> <li>Full name of contributor</li></ul>                                                                                         |                              | 7         | Amount of Contribution (\$)                       | \$200.00    |
| _ | Deire sin al a second      | McAllen, TX 78501                                                                                                                   | O Frankrije (O - Instruction |           |                                                   |             |
| 8 | Doctor                     | pation / Job title (See Instructions)                                                                                               | 9 Employer (See Instructions | 5)        |                                                   |             |
|   | Date 02/14/2025            | Full name of contributor                                                                                                            | ID#:)                        |           | Amount of Contribution (\$)                       | \$191.19    |
|   | Dringing oggu              | McAllen, TX 78504                                                                                                                   | Employer (See Instructions   | <u>''</u> |                                                   |             |
|   | Doctor                     | pation / Job title (See Instructions)                                                                                               | Employer (See Instructions   | o)        |                                                   |             |
|   | Date 02/14/2025            | Full name of contributor                                                                                                            | D#:)                         | •         | Amount of Contribution (\$)                       | \$200.00    |
|   |                            | Mission, TX 78572                                                                                                                   |                              |           |                                                   |             |
|   | Principal occup            | pation / Job title (See Instructions)                                                                                               | Employer (See Instructions   | 5)        |                                                   |             |
|   | Date 02/14/2025            | Full name of contributor out-of-state PAC (I Joule, Donna-Gail (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78501 | ID#:)                        |           | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occup<br>Doctor  | oation / Job title (See Instructions)                                                                                               | Employer (See Instructions   | 5)        |                                                   |             |
|   | Date 02/14/2025            | Full name of contributor out-of-state PAC (I Kalaf, Nelson (Dr.)  Contributor address; City; State; Zip Code  Mcallen, TX 78504     | ID#:)                        |           | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occup<br>Doctor  | pation / Job title (See Instructions)                                                                                               | Employer (See Instructions   | s)        |                                                   |             |
|   |                            |                                                                                                                                     | •                            |           |                                                   |             |

|   | MONETARY POLITICAL CONTRIBUTIONS |                                                                                                                                          |                                |                     | SCHEDULE A1                                       |            |  |  |
|---|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|---------------------------------------------------|------------|--|--|
|   | The Instruc                      | ction Guide explains how to complete this fo                                                                                             | rm.                            | 1                   | Total pages Schedule A1:<br>Sch: 30/65 Rpt: 33/69 |            |  |  |
| 2 | FILER NAME<br>Border Healt       | h PAC                                                                                                                                    |                                | 3                   | Filer ID (Ethics Commission 00055547              | on Filers) |  |  |
| 4 | Date 02/14/2025                  | <ul> <li>Full name of contributor</li></ul>                                                                                              | )                              | 7                   | Amount of Contribution (\$)                       | \$250.00   |  |  |
| _ | Delicalization                   | Rio Grande, TX 78582                                                                                                                     | ) Farabasa (Cara ta structions | $\overline{\Gamma}$ |                                                   |            |  |  |
| 8 | Doctor                           | pation / Job title (See Instructions)                                                                                                    | Employer (See Instructions     | 5)                  |                                                   |            |  |  |
|   | Date<br>02/14/2025               | Full name of contributor                                                                                                                 |                                |                     | Amount of Contribution (\$)                       | \$40.00    |  |  |
|   | Dringing age                     | McAllen, TX 78502                                                                                                                        | Employer (Con Instructions     | <u></u>             |                                                   |            |  |  |
|   | private inves                    | pation / Job title (See Instructions) tor                                                                                                | Employer (See Instructions     | ·)                  |                                                   |            |  |  |
|   | Date 02/14/2025                  | Full name of contributor out-of-state PAC (ID#: Khan, Muhammad (Dr.)  Contributor address; City; State; Zip Code                         | )                              |                     | Amount of Contribution (\$)                       | \$20.00    |  |  |
|   |                                  | Mission, TX 78572                                                                                                                        |                                |                     |                                                   |            |  |  |
|   | Principal occu<br>physician      | pation / Job title (See Instructions)                                                                                                    | Employer (See Instructions     | 5)                  |                                                   |            |  |  |
|   | Date<br>02/14/2025               | Full name of contributor out-of-state PAC (ID#:<br>Kiani, Gholam (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504    | )                              |                     | Amount of Contribution (\$)                       | \$1,000.00 |  |  |
|   | Principal occu<br>Doctor         | pation / Job title (See Instructions)                                                                                                    | Employer (See Instructions     | 5)                  |                                                   |            |  |  |
|   | Date 02/14/2025                  | Full name of contributor out-of-state PAC (ID#: Kotaki, Mohammad H. (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503 |                                |                     | Amount of Contribution (\$)                       | \$250.00   |  |  |
|   | Principal occu<br>Doctor         | pation / Job title (See Instructions)                                                                                                    | Employer (See Instructions     | 5)                  |                                                   |            |  |  |
|   |                                  |                                                                                                                                          |                                |                     |                                                   |            |  |  |

|   | MONET                      | ARY POLITICAL CONTRIBUTIO                                                                                                          | NS                           |          | SCHEDUL                                           | E <b>A1</b> |
|---|----------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------|---------------------------------------------------|-------------|
|   | The Instruc                | etion Guide explains how to complete this fo                                                                                       | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 31/65 Rpt: 34/69 |             |
| 2 | FILER NAME<br>Border Healt | 1 PAC                                                                                                                              |                              | 3        | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025            | <ul> <li>Full name of contributor</li></ul>                                                                                        |                              | 7        | Amount of Contribution (\$)                       | \$10.00     |
| 8 | Principal occur            | Edinburg, TX 78539 pation / Job title (See Instructions)                                                                           | Employer (See Instructions   | <u>)</u> |                                                   |             |
| Ŭ | private inves              | •                                                                                                                                  | 2 Employer (See Instructions | ')       |                                                   |             |
|   | Date 02/14/2025            | Full name of contributor out-of-state PAC (ID#:<br>Lazaro, Fernando (Mr.)<br>Contributor address; City; State; Zip Code            |                              |          | Amount of Contribution (\$)                       | \$250.00    |
|   | Dringing aggr              | McAllen, TX 78503                                                                                                                  | Employer (See Instructions   |          |                                                   |             |
|   | private inves              | pation / Job title (See Instructions)<br>For                                                                                       | Employer (See Instructions   | )        |                                                   |             |
|   | Date 02/14/2025            | Full name of contributor out-of-state PAC (ID#:<br>Leal, Ramiro (Dr.)<br>Contributor address; City; State; Zip Code                |                              |          | Amount of Contribution (\$)                       | \$50.00     |
|   |                            | McAllen, TX 78504                                                                                                                  |                              |          |                                                   |             |
|   | Principal occu<br>Doctor   | oation / Job title (See Instructions)                                                                                              | Employer (See Instructions   | )        |                                                   |             |
|   | Date<br>02/14/2025         | Full name of contributor out-of-state PAC (ID#:_Ledesma, Raul (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 |                              |          | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor   | oation / Job title (See Instructions)                                                                                              | Employer (See Instructions   | )        |                                                   |             |
|   | Date<br>02/14/2025         | Full name of contributor out-of-state PAC (ID#:_Lema, Rodrigo (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503 |                              |          | Amount of Contribution (\$)                       | \$200.00    |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)                                                                                              | Employer (See Instructions   | )        |                                                   |             |
|   |                            | •                                                                                                                                  |                              |          |                                                   |             |

|   | MONET                      | ARY POLITICAL CONTRI                                                                                | IBUTION      | NS                         |          | SCHEDUL                                           | E <b>A1</b> |
|---|----------------------------|-----------------------------------------------------------------------------------------------------|--------------|----------------------------|----------|---------------------------------------------------|-------------|
|   | The Instruc                | tion Guide explains how to compl                                                                    | ete this for | m.                         | 1        | Total pages Schedule A1:<br>Sch: 32/65 Rpt: 35/69 |             |
| 2 | FILER NAME<br>Border Healt | n PAC                                                                                               |              |                            | 3        | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025            | Lerma Jr., Ricardo (Mr.)  6 Contributor address; City; State; Zip Code                              | te PAC (ID#: |                            | 7        | Amount of Contribution (\$)                       | \$10.00     |
| 8 | Principal occur            | Mercedes, TX 78570 action / Job title (See Instructions)                                            | l q          | Employer (See Instructions | :)<br>   |                                                   |             |
| Ü | private inves              |                                                                                                     | ľ            | Employer (See manuchons    | ,        |                                                   |             |
|   | Date 02/14/2025            | Levine, Lyuba (Dr.)  Contributor address; City; State; Zip Code                                     |              | )                          |          | Amount of Contribution (\$)                       | \$103.91    |
|   | Principal occu             | McAllen, TX 78504  nation / Job title (See Instructions)                                            |              | Employer (See Instructions | <u> </u> |                                                   |             |
|   | private inves              |                                                                                                     |              |                            | ,        |                                                   |             |
|   | Date 02/14/2025            | Full name of contributor out-of-state Limas, Flor (Dr.)  Contributor address; City; State; Zip Code | te PAC (ID#: | )                          |          | Amount of Contribution (\$)                       | \$57.36     |
|   |                            | McAllen, TX 78504                                                                                   |              |                            |          |                                                   |             |
|   | Principal occu<br>Doctor   | oation / Job title (See Instructions)                                                               |              | Employer (See Instructions | 5)       |                                                   |             |
|   | Date<br>02/14/2025         | Lin, Rick (Dr.)                                                                                     |              | )                          |          | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occup            | oation / Job title (See Instructions)                                                               |              | Employer (See Instructions | 5)       |                                                   |             |
|   | Date<br>02/14/2025         | Linan, Enrique (Dr.)                                                                                |              |                            |          | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu<br>Doctor   | oation / Job title (See Instructions)                                                               |              | Employer (See Instructions | 5)       |                                                   |             |
|   |                            |                                                                                                     | •            |                            |          |                                                   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTION                                                                                                         | DNS                          |                | SCHEDULE A1                                       |
|---|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|---------------------------------------------------|
|   | The Instruc                     | ction Guide explains how to complete this f                                                                                        | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 33/65 Rpt: 36/69 |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                              |                              | 3              | Filer ID (Ethics Commission Filers) 00055547      |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                        |                              | 7              | Amount of Contribution (\$) \$1,000.00            |
| 8 | Principal occu                  | Manchaca, TX 78652 pation / Job title (See Instructions)                                                                           | 9 Employer (See Instructions | <u> </u><br>s) |                                                   |
| • | private inves                   |                                                                                                                                    |                              | -,             |                                                   |
|   | Date 02/14/2025                 | Contributor address; City; State; Zip Code                                                                                         |                              |                | Amount of Contribution (\$) \$5.00                |
|   | Principal occu                  | McAllen, TX 78501 pation / Job title (See Instructions)                                                                            | Employer (See Instructions   | <u> </u><br>s) |                                                   |
|   | private inves                   |                                                                                                                                    |                              | ,              |                                                   |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#:_Loggiodice, Nelson (Mr.)  Contributor address; City; State; Zip Code               | )                            |                | Amount of Contribution (\$) \$30.00               |
|   |                                 | Pharr, TX 78577                                                                                                                    |                              |                |                                                   |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                       | Employer (See Instructions   | 5)             |                                                   |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Loja, Wilmer (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503  |                              |                | Amount of Contribution (\$) \$100.00              |
|   | Principal occu<br>Dr.           | oation / Job title (See Instructions)                                                                                              | Employer (See Instructions   | 5)             |                                                   |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Lopez, Jose (Dr.)  Contributor address; City; State; Zip Code  Palmhurst, TX 78573 |                              |                | Amount of Contribution (\$) \$62.35               |
|   | Principal occu<br>doctor        | pation / Job title (See Instructions)                                                                                              | Employer (See Instructions   | S)             |                                                   |
|   |                                 |                                                                                                                                    |                              |                |                                                   |

|   | MONET                           | ARY POLITICAL CONTRIB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | UTION    | NS                         |         | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------|---------|---------------------------------------------------|-------------|
|   | The Instruc                     | ction Guide explains how to complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | this for | m.                         | 1       | Total pages Schedule A1:<br>Sch: 34/65 Rpt: 37/69 |             |
| 2 | FILER NAME<br>Border Healt      | n PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                            | 3       | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                            | 7       | Amount of Contribution (\$)                       | \$25.00     |
| 8 | Principal occu                  | Pharr, TX 78577 pation / Job title (See Instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9        | Employer (See Instructions | i)      |                                                   |             |
| • | private inves                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | p.oyo. (eeee. ac.ac.e.     | ,       |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state Particle Description out-of-state Description out-of-state out-of-state out-of-state out-of-state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                            |         | Amount of Contribution (\$)                       | \$100.00    |
|   | Deinsinal assu                  | McAllen, TX 78504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          | Frankria (Can Instructions | <u></u> |                                                   |             |
|   | Dr                              | pation / Job title (See Instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          | Employer (See Instructions | 5)      |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state Part Lozano, Rodolfo (Dr.)  Contributor address; City; State; Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AC (ID#: | )                          |         | Amount of Contribution (\$)                       | \$250.00    |
|   |                                 | Mission, TX 78574                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                            |         |                                                   |             |
|   | Principal occu<br>Dr.           | pation / Job title (See Instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          | Employer (See Instructions | 5)      |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PALOZANO, Sergio (Mr.)  Contributor address; City; State; Zip Code  Weslaco, TX 78596                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | )                          |         | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          | Employer (See Instructions | 5)      |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state Paramatana out-of-state out- | AC (ID#: |                            |         | Amount of Contribution (\$)                       | \$19.12     |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          | Employer (See Instructions | 5)      |                                                   |             |
|   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                            |         |                                                   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO                                                                                                                 | NS                           |         | SCHEDUI                                           | LE <b>A1</b> |
|---|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------|---------------------------------------------------|--------------|
|   | The Instruc                 | ction Guide explains how to complete this fo                                                                                              | rm.                          | 1       | Total pages Schedule A1:<br>Sch: 35/65 Rpt: 38/69 |              |
| 2 | FILER NAME<br>Border Healt  | n PAC                                                                                                                                     |                              | 3       | Filer ID (Ethics Commission 00055547              | on Filers)   |
| 4 | Date 02/14/2025             | <ul> <li>Full name of contributor</li></ul>                                                                                               | )                            | 7       | Amount of Contribution (\$)                       | \$10.00      |
| 8 | Principal occu              | McAllen, TX 78504  pation / Job title (See Instructions)                                                                                  | 9 Employer (See Instructions | <br>;)  |                                                   |              |
|   | private inves               |                                                                                                                                           |                              |         |                                                   |              |
|   | Date<br>02/14/2025          | Full name of contributor  out-of-state PAC (ID#:                                                                                          |                              |         | Amount of Contribution (\$)                       | \$1,000.00   |
|   | · · ·                       | McAllen, TX 78504                                                                                                                         | 5 1 (0 1 ) "                 | <u></u> |                                                   |              |
|   | Principal occu<br>Dr.       | pation / Job title (See Instructions)                                                                                                     | Employer (See Instructions   | 5)      |                                                   |              |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Mangoo-Karim, Robert (Dr.)  Contributor address; City; State; Zip Code                |                              |         | Amount of Contribution (\$)                       | \$125.00     |
|   |                             | McAllen, TX 78503                                                                                                                         |                              |         |                                                   |              |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)                                                                                                     | Employer (See Instructions   | 5)      |                                                   |              |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_Manoharan, Paulrajan (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | )                            |         | Amount of Contribution (\$)                       | \$100.00     |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)                                                                                                     | Employer (See Instructions   | 5)      |                                                   |              |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:                                                                                           |                              |         | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)                                                                                                     | Employer (See Instructions   | 5)      |                                                   |              |
|   |                             | -                                                                                                                                         |                              |         |                                                   |              |

|   | MONET                           | ARY POLITICAL CONTRIBUT                                                                                                              | TONS                                        |          | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------|---------------------------------------------------|-------------|
|   | The Instruc                     | ction Guide explains how to complete thi                                                                                             | is form.                                    | 1        | Total pages Schedule A1:<br>Sch: 36/65 Rpt: 39/69 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                |                                             | 3        | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                          |                                             | 7        | Amount of Contribution (\$)                       | \$50.00     |
| 8 | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)                                                                              | 9 Employer (See Instruction:                | <u> </u> |                                                   |             |
| • | Private Inves                   |                                                                                                                                      |                                             | ,        |                                                   |             |
|   | Date 02/14/2025                 | Contributor address; City; State; Zip Code                                                                                           | D#:)                                        |          | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu                  | Mission, TX 78573 pation / Job title (See Instructions)                                                                              | Employer (See Instruction                   | <br> s)  |                                                   |             |
|   | physician                       |                                                                                                                                      |                                             |          |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (I Marquez, Luis A. (Mr.)  Contributor address; City; State; Zip Code                      | D#:)                                        |          | Amount of Contribution (\$)                       | \$5.00      |
|   |                                 | Harlingen, TX 78552                                                                                                                  |                                             |          |                                                   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                         | Employer (See Instruction:                  | ıs)      |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (I Martinez, Ricardo (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 | D#:)                                        |          | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                | Employer (See Instruction:<br>Self-employed | ns)      |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (I<br>Mata, Nelson (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78501    | D#:)                                        |          | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Dr.           | pation / Job title (See Instructions)                                                                                                | Employer (See Instruction                   | ns)      |                                                   |             |
|   |                                 |                                                                                                                                      | •                                           |          |                                                   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTI                                                                                                                       | ONS                          |                | SCHEDUI                                           | E A1       |
|---|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|---------------------------------------------------|------------|
|   | The Instruc                     | ction Guide explains how to complete this                                                                                                      | form.                        | 1              | Total pages Schedule A1:<br>Sch: 37/65 Rpt: 40/69 |            |
| 2 | FILER NAME<br>Border Healt      | n PAC                                                                                                                                          |                              | 3              | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-state PAC (ID# Mathavan, Rajeen (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7              | Amount of Contribution (\$)                       | \$38.24    |
| _ | Deire sin al access             | McAllen, TX 78504                                                                                                                              | Surface (Octobritism         |                |                                                   |            |
| 8 | Principal occu<br>Physician     | pation / Job title (See Instructions)                                                                                                          | 9 Employer (See Instructions | 5)             |                                                   |            |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID# McNutt, Kimberly (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78504           | <u>*</u> )                   | •              | Amount of Contribution (\$)                       | \$25.00    |
|   | Principal occu                  | pation / Job title (See Instructions)                                                                                                          | Employer (See Instructions   | <u> </u><br>S) |                                                   |            |
|   | private inves                   | tor                                                                                                                                            |                              |                |                                                   |            |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID# Medina, Bertha (Dr.)  Contributor address; City; State; Zip Code                                | <u>*:)</u>                   | •              | Amount of Contribution (\$)                       | \$1,000.00 |
|   |                                 | McAllen, TX 78501                                                                                                                              | 1                            | Ĺ              |                                                   |            |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                          | Employer (See Instructions   | 5)             |                                                   |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID# Medina, Javier (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78574             | <u>†:)</u>                   |                | Amount of Contribution (\$)                       | \$250.00   |
|   | Principal occu<br>M.D.          | oation / Job title (See Instructions)                                                                                                          | Employer (See Instructions   | 5)             |                                                   |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID# Medina, Lorena (Ms.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539            | ±)                           | •              | Amount of Contribution (\$)                       | \$5.00     |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                                   | Employer (See Instructions   | S)             |                                                   |            |
|   |                                 |                                                                                                                                                |                              |                |                                                   |            |

|   | MONET                       | ARY POLITICAL CONTRIBUT                                                                                                             | TONS                         |            | SCHEDUI                                           | E A1       |
|---|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------|---------------------------------------------------|------------|
|   | The Instruc                 | etion Guide explains how to complete thi                                                                                            | s form.                      | 1          | Total pages Schedule A1:<br>Sch: 38/65 Rpt: 41/69 |            |
| 2 | FILER NAME<br>Border Healt  | 1 PAC                                                                                                                               |                              | 3          | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 02/14/2025             | 6 Contributor address; City; State; Zip Code                                                                                        | D#:)                         | 7          | Amount of Contribution (\$)                       | \$100.00   |
| 8 | Principal occu              | McAllen, TX 78504 Dation / Job title (See Instructions)                                                                             | 9 Employer (See Instructions | <br> s)    |                                                   |            |
|   | private inves               | or                                                                                                                                  |                              |            |                                                   |            |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (II Medina, Melecio (Dr.)  Contributor address; City; State; Zip Code                     | D#:)                         |            | Amount of Contribution (\$)                       | \$40.00    |
|   | Dringing con                | McAllen, TX 78501                                                                                                                   | Employer (See Instruction    | <u>-5)</u> |                                                   |            |
|   | physician                   | oation / Job title (See Instructions)                                                                                               | Employer (See Instructions   | iS)        |                                                   |            |
|   | Date 02/14/2025             | Full name of contributor                                                                                                            | D#:)                         |            | Amount of Contribution (\$)                       | \$1,000.00 |
|   |                             | McAllen, TX 78501                                                                                                                   |                              |            |                                                   |            |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)                                                                                               | Employer (See Instructions   | ıs)        |                                                   |            |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (II Mendez, Oscar (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572    | D#:)                         |            | Amount of Contribution (\$)                       | \$207.82   |
|   | Principal occu<br>physician | oation / Job title (See Instructions)                                                                                               | Employer (See Instructions   | ıs)        |                                                   |            |
|   | Date 02/14/2025             | Full name of contributor out-of-state PAC (II Mendez, Salvador (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503 | D#:)                         |            | Amount of Contribution (\$)                       | \$250.00   |
|   | Principal occu<br>Dr.       | oation / Job title (See Instructions)                                                                                               | Employer (See Instructions   | is)        |                                                   |            |
|   |                             |                                                                                                                                     |                              |            |                                                   |            |

|   | MONET                           | ARY POLITICAL CONTRIBUT                                                                                                                 | IONS                         |                | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|---------------------------------------------------|-------------|
|   | The Instru                      | ction Guide explains how to complete thi                                                                                                | s form.                      | 1              | Total pages Schedule A1:<br>Sch: 39/65 Rpt: 42/69 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                   |                              | 3              | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                             |                              | 7              | Amount of Contribution (\$)                       | \$250.00    |
| 8 | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                 | 9 Employer (See Instructions | <u>e)</u>      |                                                   |             |
| 0 | Dr.                             | Janoi 17 Job line (See Instructions)                                                                                                    | 3 Employer (See instructions | 5)             |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID Meyer, Scott (Mr.)  Contributor address; City; State; Zip Code  Mission, TX 78572         | D#:)                         |                | Amount of Contribution (\$)                       | \$35.00     |
|   | Principal occu                  | pation / Job title (See Instructions)                                                                                                   | Employer (See Instructions   | <u> </u><br>s) |                                                   |             |
|   | private inves                   | tor                                                                                                                                     |                              |                |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (IE Milano, Emil (Dr.)  Contributor address; City; State; Zip Code                            | D#:)                         |                | Amount of Contribution (\$)                       | \$100.00    |
|   |                                 | McAllen, TX 78504                                                                                                                       |                              |                |                                                   |             |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                   | Employer (See Instructions   | s)             |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (II Milov, Simon (Dr.)  Contributor address; City; State; Zip Code  Harlingen, TX 78552       | D#:)                         |                | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu<br>physician     | oation / Job title (See Instructions)                                                                                                   | Employer (See Instructions   | s)             |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (IE Mirmohammadi, Rowena (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | )<br>#:)                     |                | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)                                                                                                   | Employer (See Instructions   | s)             |                                                   |             |
|   |                                 |                                                                                                                                         | ·                            |                |                                                   |             |

|   | MONET                      | ARY POLITICAL CONTRIBUT                                                                                                                       | IONS                         |              | SCHEDUL                                      | E <b>A1</b> |
|---|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------|----------------------------------------------|-------------|
|   | The Instru                 | ction Guide explains how to complete this                                                                                                     | s form.                      |              | al pages Schedule A1:<br>1: 40/65 Rpt: 43/69 |             |
| 2 | FILER NAME<br>Border Healt | h PAC                                                                                                                                         |                              |              | ID (Ethics Commission 55547                  | n Filers)   |
| 4 | Date 02/14/2025            | <ul> <li>Full name of contributor  out-of-state PAC (ID Mitchell, Jo Ann (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | <b>7</b> Amo | ount of Contribution (\$)                    | \$9.56      |
| 8 | Dringinal occu             | McAllen, TX 78502 pation / Job title (See Instructions)                                                                                       | 9 Employer (See Instructions | <u>e)</u>    |                                              |             |
| 0 | Doctor                     | Jalion / Job title (See Instructions)                                                                                                         | B Employer (See Instructions | 5)           |                                              |             |
|   | Date 02/14/2025            | Full name of contributor out-of-state PAC (ID Mohamed, Samira (Dr.)  Contributor address; City; State; Zip Code                               | #:)                          | Amo          | ount of Contribution (\$)                    | \$50.00     |
|   | Principal occu             | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                       | Employer (See Instructions   | s)           |                                              |             |
|   | Doctor                     | , ,                                                                                                                                           |                              | ,            |                                              |             |
|   | Date 02/14/2025            | Full name of contributor  out-of-state PAC (ID Mohme, Ruben (Dr.)  Contributor address; City; State; Zip Code                                 | #:)                          | Amc          | ount of Contribution (\$)                    | \$250.00    |
|   |                            | McAllen, TX 78504                                                                                                                             |                              |              |                                              |             |
|   | Principal occu<br>Doctor   | pation / Job title (See Instructions)                                                                                                         | Employer (See Instructions   | s)           |                                              |             |
|   | Date<br>02/14/2025         | Full name of contributor out-of-state PAC (ID Montes, Jorge A. (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539          | #:)                          | Amo          | ount of Contribution (\$)                    | \$25.00     |
|   | Principal occu<br>Doctor   | oation / Job title (See Instructions)                                                                                                         | Employer (See Instructions   | s)           |                                              |             |
|   | Date<br>02/14/2025         | Full name of contributor out-of-state PAC (ID Montes, Laura (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539             | #:)                          | Amo          | ount of Contribution (\$)                    | \$25.00     |
|   | Principal occu<br>Doctor   | oation / Job title (See Instructions)                                                                                                         | Employer (See Instructions   | s)           |                                              |             |
|   |                            |                                                                                                                                               | •                            |              |                                              |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO                                                                                                                        | NS                           |    | SCHEDULE A1                                       |
|---|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----|---------------------------------------------------|
|   | The Instru                  | ction Guide explains how to complete this fo                                                                                                     | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 41/65 Rpt: 44/69 |
| 2 | FILER NAME<br>Border Healt  | h PAC                                                                                                                                            |                              | 3  | Filer ID (Ethics Commission Filers) 00055547      |
| 4 | Date 02/14/2025             | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Morales, Carlos E (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7  | Amount of Contribution (\$) \$1,000.00            |
| _ | Dringing aggr               | McAllen, TX 78503                                                                                                                                | Employer (Coo Instructions   | _  |                                                   |
| 8 | Doctor                      | pation / Job title (See Instructions)                                                                                                            | 9 Employer (See Instructions | 5) |                                                   |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_ Moreno, Juan (Mr.)  Contributor address; City; State; Zip Code  Alton, TX 78574                 |                              |    | Amount of Contribution (\$) \$15.00               |
|   |                             | pation / Job title (See Instructions)                                                                                                            | Employer (See Instructions   | 5) |                                                   |
|   | private inves               | tor                                                                                                                                              |                              |    |                                                   |
|   | Date 02/14/2025             | Full name of contributor out-of-state PAC (ID#:_ Moreno, Leonel (Dr.)  Contributor address; City; State; Zip Code                                | )                            |    | Amount of Contribution (\$) \$250.00              |
|   |                             | Mission, TX 78503                                                                                                                                |                              |    |                                                   |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)                                                                                                            | Employer (See Instructions   | i) |                                                   |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_Mulukutla, Surya Narayan (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539   | )                            |    | Amount of Contribution (\$) \$50.00               |
|   | Principal occu<br>physician | pation / Job title (See Instructions)                                                                                                            | Employer (See Instructions   | () |                                                   |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_ Munoz, Roberto (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504             | )                            |    | Amount of Contribution (\$) \$124.69              |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)                                                                                                            | Employer (See Instructions   | )  |                                                   |
|   |                             |                                                                                                                                                  |                              |    |                                                   |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO                                                                                                              | NS                           |         | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------|---------------------------------------------------|-------------|
|   | The Instruc                     | ction Guide explains how to complete this fo                                                                                           | orm.                         | 1       | Total pages Schedule A1:<br>Sch: 42/65 Rpt: 45/69 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                  |                              | 3       | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                            | )                            | 7       | Amount of Contribution (\$)                       | \$25.00     |
| 8 | Principal occu                  | Mission, TX 78572 pation / Job title (See Instructions)                                                                                | 9 Employer (See Instructions | ·/      |                                                   |             |
| 0 | Doctor                          | oalion7 300 title (See instructions)                                                                                                   | e Employer (See instructions | ·)      |                                                   |             |
|   | Date 02/14/2025                 | Contributor address; City; State; Zip Code                                                                                             |                              |         | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu                  | McAllen, TX 78503 pation / Job title (See Instructions)                                                                                | Employer (See Instructions   | :)<br>[ |                                                   |             |
|   | private inves                   |                                                                                                                                        | Employer (God mondoner       | ',      |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#:<br>Ochoa, Esmeralda (Mrs.)<br>Contributor address; City; State; Zip Code               | )                            |         | Amount of Contribution (\$)                       | \$8.31      |
|   |                                 | Edinburg, TX 78539                                                                                                                     |                              |         |                                                   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor                                                                                              | Employer (See Instructions   | 5)      |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Ochoa, Kristy (Ms.)  Contributor address; City; State; Zip Code  Mission, TX 78572     |                              |         | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor                                                                                              | Employer (See Instructions   | 5)      |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#:_ Ogunlana, Victor (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572 |                              |         | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                  | Employer (See Instructions   | 5)      |                                                   |             |
|   |                                 | <u>'</u>                                                                                                                               |                              |         |                                                   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION                                                                                                            | ONS                          |          | SCHEDUL                                           | E <b>A1</b> |
|---|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------|---------------------------------------------------|-------------|
|   | The Instruc                 | ction Guide explains how to complete this f                                                                                           | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 43/65 Rpt: 46/69 |             |
| 2 | FILER NAME<br>Border Healt  | 1 PAC                                                                                                                                 |                              | 3        | Filer ID (Ethics Commissio 00055547               | n Filers)   |
| 4 | Date 02/14/2025             | <ul> <li>Full name of contributor</li></ul>                                                                                           |                              | 7        | Amount of Contribution (\$)                       | \$50.00     |
| 8 | Principal occu              | McAllen, TX 78504 pation / Job title (See Instructions)                                                                               | 9 Employer (See Instructions | <u> </u> |                                                   |             |
|   | Private Inves               |                                                                                                                                       | . , (                        | ,        |                                                   |             |
|   | Date<br>02/14/2025          | Contributor address; City; State; Zip Code                                                                                            | )                            |          | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occur             | McAllen, TX 78504 pation / Job title (See Instructions)                                                                               | Employer (See Instructions   | ;)<br>   |                                                   |             |
|   | Private Inves               |                                                                                                                                       | p.oyo. (000o00               | -,       |                                                   |             |
|   | Date 02/14/2025             | Full name of contributor out-of-state PAC (ID#:_Olgin, Gaudencio (Dr.)  Contributor address; City; State; Zip Code                    | )                            | •        | Amount of Contribution (\$)                       | \$125.00    |
|   |                             | Edinburg, TX 78539                                                                                                                    |                              |          |                                                   |             |
|   | Principal occu<br>physician | pation / Job title (See Instructions)                                                                                                 | Employer (See Instructions   | 5)       |                                                   |             |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_Oliveira, Noel E (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572 | )                            | •        | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor    | oation / Job title (See Instructions)                                                                                                 | Employer (See Instructions   | 5)       |                                                   |             |
|   | Date 02/14/2025             | Full name of contributor out-of-state PAC (ID#:_ Orfanos, John (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503   | )                            | •        | Amount of Contribution (\$)                       | \$200.00    |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)                                                                                                 | Employer (See Instructions   | s)       |                                                   |             |
|   |                             |                                                                                                                                       |                              |          |                                                   |             |

|   | MONET                           | ARY POLITICAL CONTRIE                                                                                                                    | BUTION         | IS                         |    | SCHEDUL                                           | E A1       |
|---|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|----|---------------------------------------------------|------------|
|   | The Instru                      | ction Guide explains how to complet                                                                                                      | te this for    | m.                         | 1  | Total pages Schedule A1:<br>Sch: 44/65 Rpt: 47/69 |            |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                    |                |                            | 3  | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 02/14/2025                 | <ul> <li>5 Full name of contributor  out-of-state Otero, Fernando (Dr.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul> | -              | )                          | 7  | Amount of Contribution (\$)                       | \$1,000.00 |
| 8 | Dringinal occu                  | mcallen, TX 78502<br>pation / Job title (See Instructions)                                                                               | l <sub>o</sub> | Employer (See Instructions |    |                                                   |            |
| 0 | Doctor                          | Janott / Job tille (See Instructions)                                                                                                    | ا              | Employer (See Instructions | ') |                                                   |            |
|   | Date 02/14/2025                 | Owen, Kip (Dr.)  Contributor address; City; State; Zip Code                                                                              | PAC (ID#:      |                            |    | Amount of Contribution (\$)                       | \$100.00   |
|   | Principal occu                  | Mission, TX 78572  pation / Job title (See Instructions)                                                                                 |                | Employer (See Instructions | :) |                                                   |            |
|   | Doctor                          | (**************************************                                                                                                  |                | , ., . (                   | ,  |                                                   |            |
|   | Date 02/14/2025                 | Full name of contributor out-of-state Ozuna, Ronnie (Mr.)  Contributor address; City; State; Zip Code                                    | PAC (ID#:      | )                          |    | Amount of Contribution (\$)                       | \$9.56     |
|   |                                 | McAllen, TX 78504                                                                                                                        |                |                            |    |                                                   |            |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                             |                | Employer (See Instructions | i) |                                                   |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state Padilla, Maritza (Ms.)  Contributor address; City; State; Zip Code  Weslaco, TX 78599              | ,              | )                          |    | Amount of Contribution (\$)                       | \$41.56    |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                             |                | Employer (See Instructions | )  |                                                   |            |
|   | Date 02/14/2025                 | Full name of contributor out-of-state Palacios, Esteban (Mr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78540            | PAC (ID#:      |                            |    | Amount of Contribution (\$)                       | \$50.00    |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                             |                | Employer (See Instructions | i) |                                                   |            |
|   |                                 |                                                                                                                                          | ,<br>          |                            |    |                                                   |            |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO                                                                                                             | NS                           |    | SCHEDUL                                           | E A1       |
|---|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----|---------------------------------------------------|------------|
|   | The Instru                      | ction Guide explains how to complete this fo                                                                                          | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 45/65 Rpt: 48/69 |            |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                 |                              | 3  | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                           |                              | 7  | Amount of Contribution (\$)                       | \$75.00    |
| 0 | Dringing agg                    | Edinburg, TX 78539                                                                                                                    | • Employer (See Instructions | _  |                                                   |            |
| 8 | Physician Physician             | pation / Job title (See Instructions)                                                                                                 | 9 Employer (See Instructions | ') |                                                   |            |
|   | Date 02/14/2025                 | Full name of contributor  out-of-state PAC (ID#:_Palimar, P (Dr.)  Contributor address; City; State; Zip Code                         |                              |    | Amount of Contribution (\$)                       | \$1,000.00 |
|   |                                 | McAllen, TX 78504                                                                                                                     |                              |    |                                                   |            |
|   | Principal occu<br>Dr.           | pation / Job title (See Instructions)                                                                                                 | Employer (See Instructions   | i) |                                                   |            |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#:_ Pechero, Guillermo (Dr.)  Contributor address; City; State; Zip Code                 |                              |    | Amount of Contribution (\$)                       | \$1,000.00 |
|   |                                 | McAllen, TX 78504                                                                                                                     |                              |    |                                                   |            |
|   | Principal occu<br>Dr.           | pation / Job title (See Instructions)                                                                                                 | Employer (See Instructions   | 5) |                                                   |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Pena, Diamantina (Ms.)  Contributor address; City; State; Zip Code  Mcallen, TX 78504 |                              |    | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                          | Employer (See Instructions   | )  |                                                   |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_ Pena, Priscilla (Ms.)  Contributor address; City; State; Zip Code  Mission, TX 78574 | )                            |    | Amount of Contribution (\$)                       | \$5.00     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                          | Employer (See Instructions   | )  |                                                   |            |
|   |                                 | ,                                                                                                                                     |                              |    |                                                   |            |

|   | MONET                           | ARY POLITICAL CONTRIBUT                                                                                                                | TIONS                       |       | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------|---------------------------------------------------|-------------|
|   | The Instruc                     | ction Guide explains how to complete th                                                                                                | nis form.                   | 1     | Total pages Schedule A1:<br>Sch: 46/65 Rpt: 49/69 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                  |                             | 3     | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-state PAC (Pena, Victor (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> | (ID#:)                      | 7     | Amount of Contribution (\$)                       | \$5.00      |
| 8 | Principal occu                  | Mission, TX 78574 pation / Job title (See Instructions)                                                                                | 9 Employer (See Instruction | ne)   |                                                   |             |
| 0 | private inves                   |                                                                                                                                        | Employer (See instruction   | 1113) |                                                   |             |
|   | Date 02/14/2025                 | Contributor address; City; State; Zip Code                                                                                             | (ID#:)                      |       | Amount of Contribution (\$)                       | \$5.00      |
|   | Principal occu                  | Edinburg, TX 78539  pation / Job title (See Instructions)                                                                              | Employer (See Instruction   | ns)   |                                                   |             |
|   | Private Inves                   | ,                                                                                                                                      | Employer (See monucuo       | 110)  |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC ( Perez, Ernie (Mr.)  Contributor address; City; State; Zip Code                             | (ID#:)                      |       | Amount of Contribution (\$)                       | \$25.00     |
|   |                                 | McAllen, TX 78502-5360                                                                                                                 |                             |       |                                                   |             |
|   | Principal occu<br>private busin | pation / Job title (See Instructions) ess owner                                                                                        | Employer (See Instructio    | ns)   |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC ( Perez, Florencia  Contributor address; City; State; Zip Code  McAllen, TX 78503            | (ID#:)                      |       | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)                                                                                                  | Employer (See Instruction   | ns)   |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC ( Perez, Francisco (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539     | (ID#:)                      |       | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)                                                                                                  | Employer (See Instruction   | ns)   |                                                   |             |
|   |                                 |                                                                                                                                        | <u>.</u>                    |       |                                                   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTION                                                                                                        | NS                                       |         | SCHEDULE A1                                       |
|---|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------|---------------------------------------------------|
|   | The Instruc                     | ction Guide explains how to complete this fo                                                                                      | rm.                                      | 1       | Total pages Schedule A1:<br>Sch: 47/65 Rpt: 50/69 |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                             |                                          | 3       | Filer ID (Ethics Commission Filers) 00055547      |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>                                                               |                                          | 7       | Amount of Contribution (\$) \$1,000.00            |
| _ | Dringing Lagra                  | McAllen, TX 78501                                                                                                                 | . Faralous (Coo lockwetis a              | <u></u> |                                                   |
| 8 | Doctor                          | pation / Job title (See Instructions)                                                                                             | Employer (See Instructions               | 5)      |                                                   |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#: Perez, Nina (Ms.)  Contributor address; City; State; Zip Code                     | )                                        |         | Amount of Contribution (\$) \$10.00               |
|   | Dringing! aggs                  | Edinburg, TX 78539                                                                                                                | Employer (Coo Instructions               | <u></u> |                                                   |
|   | private inves                   | pation / Job title (See Instructions) tor                                                                                         | Employer (See Instructions               | 5)      |                                                   |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#:<br>Peynado, Herrietta (Ms.)<br>Contributor address; City; State; Zip Code         | )                                        |         | Amount of Contribution (\$) \$28.58               |
|   |                                 | Mercedes, TX 78570                                                                                                                |                                          |         |                                                   |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor                                                                                         | Employer (See Instructions               | 5)      |                                                   |
|   | Date<br>02/14/2025              | Full name of contributor                                                                                                          |                                          |         | Amount of Contribution (\$) \$50.00               |
|   | Principal occu<br>Physician     | pation / Job title (See Instructions)                                                                                             | Employer (See Instructions Self-employed | 5)      |                                                   |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#: Pillai, Revi (Mr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 |                                          |         | Amount of Contribution (\$) \$9.56                |
|   | Principal occu<br>private inves | pation / Job title (See Instructions) tor                                                                                         | Employer (See Instructions               | 5)      |                                                   |
|   |                                 | <b>'</b>                                                                                                                          |                                          |         |                                                   |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO                                                                                                               | ONS                          |                                               | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------|---------------------------------------------------|-------------|
|   | The Instru                      | ction Guide explains how to complete this fo                                                                                            | orm.                         | 1                                             | Total pages Schedule A1:<br>Sch: 48/65 Rpt: 51/69 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                   |                              | 3                                             | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date<br>02/14/2025              | <ul> <li>Full name of contributor</li></ul>                                                                                             |                              | 7                                             | Amount of Contribution (\$)                       | \$50.00     |
| 8 | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                 | 9 Employer (See Instructions | ;)<br>                                        |                                                   |             |
| 0 | Doctor                          | oalion / Job title (See Instructions)                                                                                                   | 5 Employer (See Instructions | ·)                                            |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#:_ Puttagunta, Sobha (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | )                            |                                               | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu                  | pation / Job title (See Instructions)                                                                                                   | Employer (See Instructions   | <u>                                      </u> |                                                   |             |
|   | private inves                   | tor                                                                                                                                     |                              |                                               |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor                                                                                                                | )                            |                                               | Amount of Contribution (\$)                       | \$5.00      |
|   |                                 | McAllen, TX 78504                                                                                                                       |                              |                                               |                                                   |             |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                            | Employer (See Instructions   | 5)                                            |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Rafols, Rafael (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503     | )                            | •                                             | Amount of Contribution (\$)                       | \$25.00     |
|   | •                               | oation / Job title (See Instructions)<br>If-employeed                                                                                   | Employer (See Instructions   | 5)                                            |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Ramirez, Luis (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572      | )                            | •                                             | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)                                                                                                   | Employer (See Instructions   | s)                                            |                                                   |             |
|   |                                 | •                                                                                                                                       |                              |                                               |                                                   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTI                                                                                                           | ONS                          |           | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------|---------------------------------------------------|-------------|
|   | The Instruc                     | ction Guide explains how to complete this                                                                                          | form.                        | 1         | Total pages Schedule A1:<br>Sch: 49/65 Rpt: 52/69 |             |
| 2 | FILER NAME<br>Border Healt      | n PAC                                                                                                                              |                              | 3         | Filer ID (Ethics Commissio 00055547               | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                        |                              | 7         | Amount of Contribution (\$)                       | \$15.00     |
| 8 | Principal occur                 | McAllen, TX 78504 pation / Job title (See Instructions)                                                                            | 9 Employer (See Instructions | <u>-,</u> |                                                   |             |
| 0 | private busin                   |                                                                                                                                    | Employer (See instructions   | 5)        |                                                   |             |
|   | Date<br>02/14/2025              | Contributor address; City; State; Zip Code                                                                                         | #:)                          |           | Amount of Contribution (\$)                       | \$5.00      |
|   | Principal occur                 | McAllen, TX 78503 pation / Job title (See Instructions)                                                                            | Employer (See Instructions   | s)        |                                                   |             |
|   | private inves                   |                                                                                                                                    | Employer (See mondener       | 5)        |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID: Reddy, Vangala J (Dr.)  Contributor address; City; State; Zip Code                  | #:)                          |           | Amount of Contribution (\$)                       | \$200.00    |
|   |                                 | McAllen, TX 78504                                                                                                                  |                              |           |                                                   |             |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                              | Employer (See Instructions   | s)        |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID: Rios, Adriana (Ms.)  Contributor address; City; State; Zip Code  Weslaco, TX 78599  | #:)                          |           | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                       | Employer (See Instructions   | s)        |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID: Rios Jr, Jesus (Mr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | #:)                          |           | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)                                                                                              | Employer (See Instructions   | s)        |                                                   |             |
|   |                                 |                                                                                                                                    |                              |           |                                                   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUT                                                                                                                    | IONS                         |         | SCHEDUL                                           | E <b>A1</b> |
|---|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------|---------------------------------------------------|-------------|
|   | The Instruc                 | ction Guide explains how to complete this                                                                                                  | s form.                      | 1       | Total pages Schedule A1:<br>Sch: 50/65 Rpt: 53/69 |             |
| 2 | FILER NAME<br>Border Healt  | h PAC                                                                                                                                      |                              |         | Filer ID (Ethics Commissio 00055547               | n Filers)   |
| 4 | Date 02/14/2025             | <ul> <li>Full name of contributor  out-of-state PAC (ID Rivera, Jaime (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7       | Amount of Contribution (\$)                       | \$3.82      |
| 8 | Principal occu              | Edinburg, TX 78539 pation / Job title (See Instructions)                                                                                   | 9 Employer (See Instructions | <br> s) |                                                   |             |
|   | private inves               |                                                                                                                                            |                              | -,      |                                                   |             |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID Rivera, Jennifer (Ms.)  Contributor address; City; State; Zip Code                           | #:)                          |         | Amount of Contribution (\$)                       | \$10.00     |
|   | Dringing aggr               | Edinburg, TX 78539                                                                                                                         | Employer (See Instructions   |         |                                                   |             |
|   | private inves               | pation / Job title (See Instructions)<br>tor                                                                                               | Employer (See Instructions   | 15)     |                                                   |             |
|   | Date 02/14/2025             | Full name of contributor out-of-state PAC (ID Robalino, Benjamin (Dr.)  Contributor address; City; State; Zip Code                         | #:)                          |         | Amount of Contribution (\$)                       | \$250.00    |
|   |                             | McAllen, TX 78504                                                                                                                          |                              |         |                                                   |             |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)                                                                                                      | Employer (See Instructions   | ıs)     |                                                   |             |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID Robles, Luis H. (Dr.)  Contributor address; City; State; Zip Code  Brownsville, TX 78520     | #:)                          |         | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>Doctor    | oation / Job title (See Instructions)                                                                                                      | Employer (See Instructions   | ıs)     |                                                   |             |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID Rodriguez, Edgar (Dr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539       | #:)                          |         | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)                                                                                                      | Employer (See Instructions   | ıs)     |                                                   |             |
|   |                             |                                                                                                                                            | •                            |         |                                                   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION                                                                                                                       | ONS                          |          | SCHEDUL                                           | E <b>A1</b> |
|---|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------|---------------------------------------------------|-------------|
|   | The Instruc                 | ction Guide explains how to complete this f                                                                                                      | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 51/65 Rpt: 54/69 |             |
| 2 | FILER NAME<br>Border Healt  | 1 PAC                                                                                                                                            |                              | 3        | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025             | <ul> <li>Full name of contributor</li></ul>                                                                                                      |                              | 7        | Amount of Contribution (\$)                       | \$10.00     |
| 8 | Principal occur             | Weslaco, TX 78596 pation / Job title (See Instructions)                                                                                          | 9 Employer (See Instructions | .)<br>   |                                                   |             |
| Ü | private inves               |                                                                                                                                                  | 2 Employer (See manucuona    | ')       |                                                   |             |
|   | Date 02/14/2025             | Full name of contributor out-of-state PAC (ID#:_Rodriguez, Ofelia (Dr.)  Contributor address; City; State; Zip Code                              |                              |          | Amount of Contribution (\$)                       | \$50.00     |
|   |                             | Mcallen, TX 78504                                                                                                                                |                              |          |                                                   |             |
|   | Principal occur<br>Doctor   | pation / Job title (See Instructions)                                                                                                            | Employer (See Instructions   | 5)       |                                                   |             |
|   | Date 02/14/2025             | Full name of contributor out-of-state PAC (ID#:_Rodriguez, Sergio (Dr.)  Contributor address; City; State; Zip Code                              |                              |          | Amount of Contribution (\$)                       | \$18.75     |
|   |                             | McAllen, TX 78504                                                                                                                                |                              |          |                                                   |             |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)                                                                                                            | Employer (See Instructions   | ()       |                                                   |             |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_ Rodriguez-Ayala, Heriberto (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78502 |                              |          | Amount of Contribution (\$)                       | \$62.35     |
|   | Principal occu              | pation / Job title (See Instructions)                                                                                                            | Employer (See Instructions   | <u> </u> |                                                   |             |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_Rodriguez-Rico, Daniella (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572    | )                            |          | Amount of Contribution (\$)                       | \$229.43    |
|   | Principal occu<br>Doctor    | oation / Job title (See Instructions)                                                                                                            | Employer (See Instructions   | )        |                                                   |             |
|   |                             |                                                                                                                                                  |                              |          |                                                   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUT                                                                                                            | TIONS                        |          | SCHEDUI                                           | E A1       |
|---|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------|---------------------------------------------------|------------|
|   | The Instruc                     | ction Guide explains how to complete thi                                                                                           | is form.                     |          | Total pages Schedule A1:<br>Sch: 52/65 Rpt: 55/69 |            |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                              |                              |          | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor</li></ul>                                                                                        |                              | 7        | Amount of Contribution (\$)                       | \$1,000.00 |
| 8 | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)                                                                            | 9 Employer (See Instruction: | ns)      |                                                   |            |
|   | Doctor                          | ·                                                                                                                                  |                              |          |                                                   |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (I<br>Ruiz, Rosalva (Ms.)  Contributor address; City; State; Zip Code  Pharr, TX 78577   | D#:)                         |          | Amount of Contribution (\$)                       | \$10.00    |
|   | Principal occu                  | pation / Job title (See Instructions)                                                                                              | Employer (See Instruction:   | 1<br>1s) |                                                   |            |
|   | private inves                   | tor                                                                                                                                |                              |          |                                                   |            |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (II Saenz, J.J (Dr.)  Contributor address; City; State; Zip Code                         | D#:)                         |          | Amount of Contribution (\$)                       | \$1,000.00 |
|   |                                 | McAllen, TX 78503                                                                                                                  | 1 - 1 /2                     | <u> </u> |                                                   |            |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                              | Employer (See Instructions   | 1S)      |                                                   |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (I Saenz, Javier (Dr.)  Contributor address; City; State; Zip Code  Mission, TX 78572    | D#:)                         |          | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                              | Employer (See Instruction    | ns)      |                                                   |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (II Saenz, Jennifer (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 | D#:)                         |          | Amount of Contribution (\$)                       | \$25.00    |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                       | Employer (See Instruction    | ns)      |                                                   |            |
|   |                                 |                                                                                                                                    | •                            |          |                                                   |            |

|   | MONET                           | ARY POLITICAL CONTRIBUTION                                                                                                                    | ONS                          |        | SCHEDUI                                           | E A1       |
|---|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|---------------------------------------------------|------------|
|   | The Instruc                     | ction Guide explains how to complete this                                                                                                     | form.                        | 1      | Total pages Schedule A1:<br>Sch: 53/65 Rpt: 56/69 |            |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                         |                              | 3      | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Saenz, Jessica (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7      | Amount of Contribution (\$)                       | \$25.00    |
| 8 | Principal occu                  | Mcallen, TX 78502 pation / Job title (See Instructions)                                                                                       | 9 Employer (See Instructions | z)     |                                                   |            |
| 0 | Private inves                   |                                                                                                                                               | 2 Employer (See instructions | )<br>) |                                                   |            |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#: Saenz, Vanessa (Ms.)  Contributor address; City; State; Zip Code                              |                              | •      | Amount of Contribution (\$)                       | \$10.00    |
|   | Principal occu                  | Edinburg, TX 78541 pation / Job title (See Instructions)                                                                                      | Employer (See Instructions   | ;)<br> |                                                   |            |
|   | private inves                   |                                                                                                                                               | Employer (See Instructions   | ۶)     |                                                   |            |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#: Saffels, Nathan (Mr.)  Contributor address; City; State; Zip Code                             |                              |        | Amount of Contribution (\$)                       | \$10.00    |
|   |                                 | McAllen, TX 78504                                                                                                                             |                              |        |                                                   |            |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                                  | Employer (See Instructions   | 5)     |                                                   |            |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#: Safir, Larry (Mr.)  Contributor address; City; State; Zip Code  Mcallen, TX 78503             | )                            |        | Amount of Contribution (\$)                       | \$1,000.00 |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                                  | Employer (See Instructions   | 5)     |                                                   |            |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#: Saladino, Nicole (Ms.)  Contributor address; City; State; Zip Code  Mission, TX 78572         |                              | •      | Amount of Contribution (\$)                       | \$5.00     |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                                  | Employer (See Instructions   | 5)     |                                                   |            |
|   |                                 |                                                                                                                                               | •                            |        |                                                   |            |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO                                                                                                                     | NS                         |                | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|---------------------------------------------------|-------------|
|   | The Instruc                     | etion Guide explains how to complete this fo                                                                                                  | orm.                       | 1              | Total pages Schedule A1:<br>Sch: 54/65 Rpt: 57/69 |             |
| 2 | FILER NAME<br>Border Healt      | n PAC                                                                                                                                         |                            | 3              | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Saldivar, Aida (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> | )                          | 7              | Amount of Contribution (\$)                       | \$10.00     |
| 8 | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                       | Employer (See Instructions | <u> </u><br>;) |                                                   |             |
|   | private inves                   |                                                                                                                                               |                            | •              |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Salinas, Annabelle (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78501       |                            |                | Amount of Contribution (\$)                       | \$5.00      |
|   | Principal occu                  | pation / Job title (See Instructions)                                                                                                         | Employer (See Instructions | <u> </u>       |                                                   |             |
|   | private inves                   |                                                                                                                                               |                            |                |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor  out-of-state PAC (ID#:_Salinas, Mariano (Dr.)  Contributor address; City; State; Zip Code                           | )                          |                | Amount of Contribution (\$)                       | \$150.00    |
|   |                                 | Mission, TX 78572                                                                                                                             |                            |                |                                                   |             |
|   | Principal occu<br>Dr.           | pation / Job title (See Instructions)                                                                                                         | Employer (See Instructions | 5)             |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Salinas, Miguel A. (Mr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503       |                            |                | Amount of Contribution (\$)                       | \$9.56      |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>cor                                                                                                  | Employer (See Instructions | 5)             |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#:_Salinas, Samuel (Mr.)  Contributor address; City; State; Zip Code  Mission, TX 78572          |                            |                | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)                                                                                                         | Employer (See Instructions | 5)             |                                                   |             |
|   |                                 |                                                                                                                                               |                            |                |                                                   |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTIO                                                                                                                           | NS                             |    | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----|---------------------------------------------------|-------------|
|   | The Instruc                     | ction Guide explains how to complete this fo                                                                                                        | orm.                           | 1  | Total pages Schedule A1:<br>Sch: 55/65 Rpt: 58/69 |             |
| 2 | FILER NAME<br>Border Healt      | h PAC                                                                                                                                               |                                | 3  | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Sanchez, Elisa Garza (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                                | 7  | Amount of Contribution (\$)                       | \$125.00    |
| _ | Delicalization                  | Mission, TX 78572                                                                                                                                   | • Fanda and (Cara Instructions | Ĺ  |                                                   |             |
| 8 | doctor                          | pation / Job title (See Instructions)                                                                                                               | 9 Employer (See Instructions   | 5) |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Sanchez, Richard (Dr.)  Contributor address; City; State; Zip Code                                  |                                |    | Amount of Contribution (\$)                       | \$166.25    |
|   | Principal occu                  | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                             | Employer (See Instructions     | .) |                                                   |             |
|   | doctor                          | sation, sob title (see instructions)                                                                                                                | Employer (See Instructions     | ') |                                                   |             |
|   | Date 02/14/2025                 | Full name of contributor out-of-state PAC (ID#:_Sandoval, Gilberto (Mr.)  Contributor address; City; State; Zip Code                                | )                              |    | Amount of Contribution (\$)                       | \$10.00     |
|   |                                 | Brownsville, TX 78520                                                                                                                               |                                |    |                                                   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                                        | Employer (See Instructions     | () |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Sandoval, Oscar (Mr.)  Contributor address; City; State; Zip Code  Edcouch, TX 78538                | )                              |    | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                                        | Employer (See Instructions     | 5) |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state PAC (ID#:_Sarmiento Cano, Juan P. Javier (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 |                                |    | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu<br>Doctor        | pation / Job title (See Instructions)                                                                                                               | Employer (See Instructions     | () |                                                   |             |
|   |                                 |                                                                                                                                                     |                                |    |                                                   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION                                                                                                                  | DNS                          |           | SCHEDUL                                           | E A1       |
|---|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------|---------------------------------------------------|------------|
|   | The Instru                  | ction Guide explains how to complete this f                                                                                                 | orm.                         | 1         | Total pages Schedule A1:<br>Sch: 56/65 Rpt: 59/69 |            |
| 2 | FILER NAME<br>Border Healt  | h PAC                                                                                                                                       |                              | 3         | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 02/14/2025             | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Seas, Manuel (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> | _                            | 7         | Amount of Contribution (\$)                       | \$250.00   |
| 8 | Principal occu              | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                     | 9 Employer (See Instructions | ;)<br>    |                                                   |            |
| 0 | Doctor                      | oation 7 Job title (See matrictions)                                                                                                        | Employer (See instructions   | P)        |                                                   |            |
|   | Date 02/14/2025             | Full name of contributor out-of-state PAC (ID#:_<br>Serna, Samuel (Dr.)<br>Contributor address; City; State; Zip Code                       |                              | •         | Amount of Contribution (\$)                       | \$100.00   |
|   | Principal occu              | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                     | Employer (See Instructions   | <u>;)</u> |                                                   |            |
|   | doctor                      |                                                                                                                                             |                              | -,        |                                                   |            |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_Shuaib, Tawid (Dr.)  Contributor address; City; State; Zip Code                             |                              | •         | Amount of Contribution (\$)                       | \$1,000.00 |
|   |                             | McAllen, TX 78503                                                                                                                           |                              |           |                                                   |            |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)                                                                                                       | Employer (See Instructions   | s)        |                                                   |            |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_Siberman, Herschi (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504      | )                            |           | Amount of Contribution (\$)                       | \$200.00   |
|   | Principal occu<br>Doctor    | pation / Job title (See Instructions)                                                                                                       | Employer (See Instructions   | 5)        |                                                   |            |
|   | Date<br>02/14/2025          | Full name of contributor out-of-state PAC (ID#:_Siedow, Stephen (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504        |                              |           | Amount of Contribution (\$)                       | \$25.00    |
|   | Principal occu<br>physician | pation / Job title (See Instructions)                                                                                                       | Employer (See Instructions   | 5)        |                                                   |            |
|   |                             |                                                                                                                                             |                              |           |                                                   |            |

|   | MONET                           | ARY POLITICAL CONTRIB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BUTION     | NS                         |          | SCHEDUL                                           | E <b>A1</b> |
|---|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------|----------|---------------------------------------------------|-------------|
|   | The Instruc                     | ction Guide explains how to complet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e this for | rm.                        | 1        | Total pages Schedule A1:<br>Sch: 57/65 Rpt: 60/69 |             |
| 2 | FILER NAME<br>Border Healt      | n PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                            | 3        | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025                 | <ul> <li>Full name of contributor  out-of-state F  out-of-stat</li></ul> |            |                            | 7        | Amount of Contribution (\$)                       | \$15.00     |
| 8 | Principal occur                 | Weslaco, TX 78596 pation / Job title (See Instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | l q        | Employer (See Instructions | ;)<br>   |                                                   |             |
| Ŭ | private inves                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Employer (dee mandenorie   | ,,       |                                                   |             |
|   | Date 02/14/2025                 | Singh, Manish (Dr.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PAC (ID#:  |                            |          | Amount of Contribution (\$)                       | \$250.00    |
|   |                                 | McAllen, TX 78503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                            | <u> </u> |                                                   |             |
|   | Principal occur<br>Doctor       | pation / Job title (See Instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Employer (See Instructions | S)       |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state F Solis, Hilda (Ms.)  Contributor address; City; State; Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PAC (ID#:  |                            | •        | Amount of Contribution (\$)                       | \$25.00     |
|   |                                 | McAllen, TX 78501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                            |          |                                                   |             |
|   | Principal occu<br>private inves | pation / Job title (See Instructions)<br>tor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Employer (See Instructions | s)       |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state F Soto, Hector (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | )                          | •        | Amount of Contribution (\$)                       | \$250.00    |
|   | Principal occu<br>Doctor        | oation / Job title (See Instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Employer (See Instructions | 5)       |                                                   |             |
|   | Date<br>02/14/2025              | Full name of contributor out-of-state F Sustaita, Raul (Mr.) Contributor address; City; State; Zip Code  Donna, TX 78537                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                            |          | Amount of Contribution (\$)                       | \$25.00     |
|   | Principal occu<br>private inves | oation / Job title (See Instructions)<br>tor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Employer (See Instructions | s)       |                                                   |             |
|   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                            |          |                                                   |             |

|   | MONETARY POLITICAL CONTRIBUTIONS                                                                                                                       |                                                                                                                                              |                              |                             | SCHEDUL                                           | E <b>A1</b> |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|---------------------------------------------------|-------------|
|   | The Instruc                                                                                                                                            | ction Guide explains how to complete this                                                                                                    | form.                        | 1                           | Total pages Schedule A1:<br>Sch: 58/65 Rpt: 61/69 |             |
| 2 | FILER NAME<br>Border Healt                                                                                                                             | h PAC                                                                                                                                        |                              | 3                           | Filer ID (Ethics Commission 00055547              | n Filers)   |
| 4 | Date 02/14/2025                                                                                                                                        | <ul> <li>Full name of contributor  out-of-state PAC (ID: Swarup, Jyothi (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7                           | Amount of Contribution (\$)                       | \$100.00    |
| _ |                                                                                                                                                        | McAllen, TX 78504                                                                                                                            | Ja 5 1 (0 1 1 1)             | Ĺ                           |                                                   |             |
| 8 | Principal occu<br>Doctor                                                                                                                               | pation / Job title (See Instructions)                                                                                                        | 9 Employer (See Instructions | S)                          |                                                   |             |
|   | Date Full name of contributor out-of-state PAC (ID#:)  102/14/2025 Tamez, Daniel (Mr.)  Contributor address; City; State; Zip Code  Alton, TX 78573    |                                                                                                                                              |                              | Amount of Contribution (\$) | \$3.82                                            |             |
|   |                                                                                                                                                        | pation / Job title (See Instructions)                                                                                                        | Employer (See Instructions   | s)                          |                                                   |             |
|   | private inves                                                                                                                                          |                                                                                                                                              |                              | _                           |                                                   |             |
|   | Date Full name of contributor out-of-state PAC (ID#:)  02/14/2025 Tey, Alejandro (Dr.)  Contributor address; City; State; Zip Code                     |                                                                                                                                              |                              | Amount of Contribution (\$) | \$250.00                                          |             |
|   |                                                                                                                                                        | Edinburg, TX 78539                                                                                                                           |                              |                             |                                                   |             |
|   | Principal occu<br>M.D.                                                                                                                                 | oation / Job title (See Instructions)                                                                                                        | Employer (See Instructions   | s)                          |                                                   |             |
|   | Date Full name of contributor out-of-state PAC (ID#:)  102/14/2025 Tharp, Maribel (Ms.)  Contributor address; City; State; Zip Code  Mission, TX 78572 |                                                                                                                                              |                              | Amount of Contribution (\$) | \$15.00                                           |             |
|   | Principal occu<br>private inves                                                                                                                        | oation / Job title (See Instructions)<br>tor                                                                                                 | Employer (See Instructions   | s)                          |                                                   |             |
|   | Date 02/14/2025                                                                                                                                        | Full name of contributor out-of-state PAC (ID: Tijerina, Erica (Ms.)  Contributor address; City; State; Zip Code  Pharr, TX 78577            | #:)                          |                             | Amount of Contribution (\$)                       | \$20.00     |
|   | Principal occu<br>private inves                                                                                                                        | oation / Job title (See Instructions)<br>tor                                                                                                 | Employer (See Instructions   | s)                          |                                                   |             |
|   |                                                                                                                                                        |                                                                                                                                              |                              |                             |                                                   |             |

| MONETARY POLITICAL CONTRIBUTIONS |                                                                                                                                |                                                                                                                                 | SCHEDULE A |                                      |                                                     |                                      |           |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------|-----------------------------------------------------|--------------------------------------|-----------|
|                                  | The Instruc                                                                                                                    | action Guide explains how to complete this form.                                                                                |            | 1                                    | . Total pages Schedule A1:<br>Sch: 59/65 Rpt: 62/69 |                                      |           |
| 2                                | FILER NAME<br>Border Healt                                                                                                     | n PAC                                                                                                                           |            |                                      | 3                                                   | Filer ID (Ethics Commission 00055547 | n Filers) |
| 4                                | Date 02/14/2025                                                                                                                | <ul> <li>Full name of contributor</li></ul>                                                                                     |            |                                      | 7                                                   | Amount of Contribution (\$)          | \$10.00   |
| 8                                | Principal occu                                                                                                                 | McAllen, TX 78504 pation / Job title (See Instructions)                                                                         | 9          | Employer (See Instructions           | ()                                                  |                                      |           |
|                                  | private inves                                                                                                                  |                                                                                                                                 |            |                                      | ,                                                   |                                      |           |
|                                  | Date<br>02/14/2025                                                                                                             | Full name of contributor out-of-state PA Trejo, Jose (Mr.)  Contributor address; City; State; Zip Code                          |            | )                                    |                                                     | Amount of Contribution (\$)          | \$250.00  |
|                                  | Delicalization                                                                                                                 | McAllen, TX 78501                                                                                                               |            | Faralas en (Caralas de Arabas diseas | _                                                   |                                      |           |
|                                  | private busin                                                                                                                  | pation / Job title (See Instructions) ess owner                                                                                 |            | Employer (See Instructions           | 5)                                                  |                                      |           |
|                                  | Date Full name of contributor out-of-state PAC (ID#:)  02/14/2025 Trevino, Ernesto  Contributor address; City; State; Zip Code |                                                                                                                                 |            | Amount of Contribution (\$)          | \$250.00                                            |                                      |           |
|                                  |                                                                                                                                | McAllen, TX 78504                                                                                                               |            |                                      |                                                     |                                      |           |
|                                  | Principal occu<br>Doctor                                                                                                       | pation / Job title (See Instructions)                                                                                           |            | Employer (See Instructions           | i)                                                  |                                      |           |
|                                  | Date<br>02/14/2025                                                                                                             | Full name of contributor out-of-state PA Trevino, Kyara J. (Ms.)  Contributor address; City; State; Zip Code  La Joya, TX 78560 |            |                                      |                                                     | Amount of Contribution (\$)          | \$5.00    |
|                                  | Principal occu<br>private inves                                                                                                | oation / Job title (See Instructions)<br>or                                                                                     |            | Employer (See Instructions           | ()                                                  |                                      |           |
|                                  | Date<br>02/14/2025                                                                                                             | Full name of contributor out-of-state PA<br>Turley, Susan (Mrs.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 |            |                                      |                                                     | Amount of Contribution (\$)          | \$250.00  |
|                                  | Principal occu<br>private busin                                                                                                | oation / Job title (See Instructions) ess owner                                                                                 |            | Employer (See Instructions           | 5)                                                  |                                      |           |
|                                  |                                                                                                                                |                                                                                                                                 | I          |                                      |                                                     |                                      |           |

|   | MONETARY POLITICAL CONTRIBUTIONS                                                                                                                            |                                                                                                                                         |                              |                             | E <b>A1</b>                                       |           |  |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|---------------------------------------------------|-----------|--|
|   | The Instru                                                                                                                                                  | ction Guide explains how to complete this fo                                                                                            | orm.                         | 1                           | Total pages Schedule A1:<br>Sch: 60/65 Rpt: 63/69 |           |  |
| 2 | FILER NAME<br>Border Healt                                                                                                                                  | h PAC                                                                                                                                   |                              | 3                           | Filer ID (Ethics Commission 00055547              | n Filers) |  |
| 4 | Date 02/14/2025                                                                                                                                             | <ul> <li>Full name of contributor</li></ul>                                                                                             |                              | 7                           | Amount of Contribution (\$)                       | \$250.00  |  |
| _ |                                                                                                                                                             | Mission, TX 78572                                                                                                                       |                              | <u></u>                     |                                                   |           |  |
| 8 | Principal occu<br>Doctor                                                                                                                                    | pation / Job title (See Instructions)                                                                                                   | 9 Employer (See Instructions | 5)                          |                                                   |           |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  02/14/2025 Uribe, Lourdes (Dr.)  Contributor address; City; State; Zip Code                          |                                                                                                                                         |                              | Amount of Contribution (\$) | \$50.00                                           |           |  |
|   | Principal occu                                                                                                                                              | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                 | Employer (See Instructions   | -,<br>                      |                                                   |           |  |
|   | Doctor                                                                                                                                                      | sation, con the (occ mandellons)                                                                                                        | Employer (See manacions      | ')                          |                                                   |           |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  02/14/2025 Valladares, Teresa (Dr.)  Contributor address; City; State; Zip Code                      |                                                                                                                                         |                              | Amount of Contribution (\$) | \$100.00                                          |           |  |
|   |                                                                                                                                                             | Mission, TX 78572                                                                                                                       |                              |                             |                                                   |           |  |
|   | Principal occu<br>M.D                                                                                                                                       | pation / Job title (See Instructions)                                                                                                   | Employer (See Instructions   | 5)                          |                                                   |           |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  02/14/2025 Vasquez, Jose, A (Dr.)  Contributor address; City; State; Zip Code  Rio Grande , TX 78582 |                                                                                                                                         |                              |                             | Amount of Contribution (\$)                       | \$250.00  |  |
|   | Principal occu<br>Doctor                                                                                                                                    | pation / Job title (See Instructions)                                                                                                   | Employer (See Instructions   | 5)                          |                                                   |           |  |
|   | Date<br>02/14/2025                                                                                                                                          | Full name of contributor out-of-state PAC (ID#:_ Vela, Carlos Ian (Mr.)  Contributor address; City; State; Zip Code  Edinburg, TX 78539 |                              |                             | Amount of Contribution (\$)                       | \$28.68   |  |
|   | Principal occu<br>private inves                                                                                                                             | pation / Job title (See Instructions)<br>tor                                                                                            | Employer (See Instructions   | 5)                          |                                                   |           |  |
|   |                                                                                                                                                             | -                                                                                                                                       |                              |                             |                                                   |           |  |

|                                                      | MONETARY POLITICAL CONTRIBUTIONS |                                                                                                                                              |                              |                             | SCHEDULI                                          | .E <b>A1</b> |  |
|------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|---------------------------------------------------|--------------|--|
|                                                      | The Instruc                      | ction Guide explains how to complete this fo                                                                                                 | rm.                          | 1                           | Total pages Schedule A1:<br>Sch: 61/65 Rpt: 64/69 |              |  |
| 2                                                    | FILER NAME<br>Border Healt       | h PAC                                                                                                                                        |                              | 3                           | Filer ID (Ethics Commission 00055547              | n Filers)    |  |
| 4                                                    | Date 02/14/2025                  | <ul> <li>Full name of contributor</li></ul>                                                                                                  | )                            | 7                           | Amount of Contribution (\$)                       | \$250.00     |  |
| 8                                                    | Dringinal accu                   | McAllen, TX 78503                                                                                                                            | D Employer (See Instructions | ·/-                         |                                                   |              |  |
| 0                                                    | Doctor                           | pation / Job title (See Instructions)                                                                                                        | Employer (See Instructions   | )                           |                                                   |              |  |
|                                                      | Date 02/14/2025                  | Contributor address; City; State; Zip Code                                                                                                   | )                            |                             | Amount of Contribution (\$)                       | \$10.00      |  |
|                                                      | Principal occu                   | Edinburg, TX 78539  pation / Job title (See Instructions)                                                                                    | Employer (See Instructions   | :)<br>                      |                                                   |              |  |
|                                                      | Private inves                    | ` '                                                                                                                                          | Employer (GGC mondonorie     | ',                          |                                                   |              |  |
| Date Full name of contributor out-of-state PAC (ID#: |                                  | )                                                                                                                                            |                              | Amount of Contribution (\$) | \$10.00                                           |              |  |
|                                                      |                                  | Mission, TX 78572                                                                                                                            |                              |                             |                                                   |              |  |
|                                                      | Principal occu<br>private inves  | pation / Job title (See Instructions) tor                                                                                                    | Employer (See Instructions   | 5)                          |                                                   |              |  |
|                                                      | Date<br>02/14/2025               | Full name of contributor out-of-state PAC (ID#: Velazquez, Orlando (Mr.)  Contributor address; City; State; Zip Code  Mission, TX 78572      | )                            |                             | Amount of Contribution (\$)                       | \$10.00      |  |
|                                                      | Principal occu<br>private inves  | pation / Job title (See Instructions)                                                                                                        | Employer (See Instructions   | <u> </u><br>5)              |                                                   |              |  |
|                                                      | Date<br>02/14/2025               | Full name of contributor out-of-state PAC (ID#: Velazquez, Rolando (Mr.)  Contributor address; City; State; Zip Code  Raymondville, TX 78580 | )                            |                             | Amount of Contribution (\$)                       | \$10.00      |  |
|                                                      | Principal occu<br>private inves  | pation / Job title (See Instructions) tor                                                                                                    | Employer (See Instructions   | 5)                          |                                                   |              |  |
|                                                      |                                  | 1                                                                                                                                            |                              |                             |                                                   |              |  |

|   | MONETARY POLITICAL CONTRIBUTIONS                                                                                                           |                                                                     |                            |                             | SCHEDUL                                           | LE <b>A1</b> |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------|-----------------------------|---------------------------------------------------|--------------|--|
|   | The Instruc                                                                                                                                | ction Guide explains how to complete this form.                     |                            | 1                           | Total pages Schedule A1:<br>Sch: 62/65 Rpt: 65/69 |              |  |
| 2 | FILER NAME<br>Border Healt                                                                                                                 | h PAC                                                               |                            | 3                           | Filer ID (Ethics Commission 00055547              | n Filers)    |  |
| 4 | Date 02/14/2025                                                                                                                            | <ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul> | )                          | 7                           | Amount of Contribution (\$)                       | \$100.00     |  |
| 8 | Principal occu                                                                                                                             | rio Grande City, TX 78582 pation / Job title (See Instructions)     | Employer (See Instructions | )                           |                                                   |              |  |
|   | private inves                                                                                                                              |                                                                     | . , ,                      | ,                           |                                                   |              |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  02/14/2025 Villarreal, Rose Maria (Ms.)  Contributor address; City; State; Zip Code |                                                                     |                            | Amount of Contribution (\$) | \$250.00                                          |              |  |
|   | Principal occur                                                                                                                            | McAllen, TX 78504  pation / Job title (See Instructions)            | Employer (See Instructions | )                           |                                                   |              |  |
|   | private inves                                                                                                                              |                                                                     | Employer (eee meadeliere   | ,                           |                                                   |              |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  02/14/2025 Villarreal, Veronica (Ms.)  Contributor address; City; State; Zip Code   |                                                                     |                            | Amount of Contribution (\$) | \$249.38                                          |              |  |
|   |                                                                                                                                            | McAllen, TX 78504                                                   |                            |                             |                                                   |              |  |
|   | Principal occu<br>private inves                                                                                                            | pation / Job title (See Instructions) tor                           | Employer (See Instructions | )                           |                                                   |              |  |
|   | Date<br>02/14/2025                                                                                                                         | Full name of contributor out-of-state PAC (ID#:                     | )                          |                             | Amount of Contribution (\$)                       | \$90.00      |  |
|   | Principal occu<br>Doctor                                                                                                                   | pation / Job title (See Instructions)                               | Employer (See Instructions | )                           |                                                   |              |  |
|   | Date<br>02/14/2025                                                                                                                         | Full name of contributor out-of-state PAC (ID#:                     |                            |                             | Amount of Contribution (\$)                       | \$83.13      |  |
|   | Principal occu<br>private inves                                                                                                            | pation / Job title (See Instructions) tor                           | Employer (See Instructions | )                           |                                                   |              |  |
|   |                                                                                                                                            |                                                                     |                            |                             |                                                   |              |  |

|   | MONETARY POLITICAL CONTRIBUTIONS                                                                                                                   |                                                                                                                                           |                                              |                             | SCHEDUL                     | LE <b>A1</b>                                      |            |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------|-----------------------------|---------------------------------------------------|------------|
|   | The Instruc                                                                                                                                        | ction Guide explains how to com                                                                                                           | on Guide explains how to complete this form. |                             | 1                           | Total pages Schedule A1:<br>Sch: 63/65 Rpt: 66/69 |            |
| 2 | FILER NAME<br>Border Healt                                                                                                                         | h PAC                                                                                                                                     |                                              |                             | 3                           | Filer ID (Ethics Commission 00055547              | on Filers) |
| 4 | Date 02/14/2025                                                                                                                                    | <ul> <li>Full name of contributor  out-of-<br/>Villescas III, Gavino M. (Mr.)</li> <li>Contributor address; City; State; Zip C</li> </ul> |                                              | )                           | 7                           | Amount of Contribution (\$)                       | \$128.59   |
| 8 | Principal occu                                                                                                                                     | San Juan, TX 78589 pation / Job title (See Instructions)                                                                                  | la                                           | Employer (See Instructions  |                             |                                                   |            |
| 0 | private inves                                                                                                                                      |                                                                                                                                           | l <sup>3</sup>                               | Employer (See instructions  | ,                           |                                                   |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  02/14/2025 Viswamitra, Saroje (Dr.)  Contributor address; City; State; Zip Code             |                                                                                                                                           |                                              | Amount of Contribution (\$) | \$1,000.00                  |                                                   |            |
|   | Principal occu                                                                                                                                     | McAllen, TX 78504 pation / Job title (See Instructions)                                                                                   |                                              | Employer (See Instructions  | )                           |                                                   |            |
|   | Doctor                                                                                                                                             | (                                                                                                                                         |                                              |                             | ,                           |                                                   |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  02/14/2025 Walker, Ray (Mr.)  Contributor address; City; State; Zip Code                    |                                                                                                                                           |                                              | Amount of Contribution (\$) | \$250.00                    |                                                   |            |
|   |                                                                                                                                                    | McAllen, TX 78504                                                                                                                         |                                              |                             |                             |                                                   |            |
|   | Principal occu<br>private busin                                                                                                                    | pation / Job title (See Instructions) ess owner                                                                                           |                                              | Employer (See Instructions  | )                           |                                                   |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  02/14/2025 Wang, Ann (Dr.)  Contributor address; City; State; Zip Code  Palmhurst, TX 78573 |                                                                                                                                           | ,                                            |                             | Amount of Contribution (\$) | \$10.00                                           |            |
|   | Principal occu<br>Doctor                                                                                                                           | pation / Job title (See Instructions)                                                                                                     |                                              | Employer (See Instructions  | )                           |                                                   |            |
|   | Date<br>02/14/2025                                                                                                                                 | Webb, James (Mr.)                                                                                                                         |                                              |                             |                             | Amount of Contribution (\$)                       | \$62.50    |
|   | •                                                                                                                                                  | oation / Job title (See Instructions) ess owner                                                                                           |                                              | Employer (See Instructions  | )                           |                                                   |            |
|   |                                                                                                                                                    | usiness owner                                                                                                                             |                                              |                             |                             |                                                   |            |

|   | MONETARY POLITICAL CONTRIBUTIONS                                                                                                                   |                                                                                                                                      |                              |                             | E <b>A1</b>                                         |           |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------------------|-----------|
|   | The Instruc                                                                                                                                        | ction Guide explains how to complete this fo                                                                                         | orm.                         | 1                           | 1 Total pages Schedule A1:<br>Sch: 64/65 Rpt: 67/69 |           |
| 2 | FILER NAME<br>Border Healt                                                                                                                         | n PAC                                                                                                                                |                              | 3                           | Filer ID (Ethics Commission 00055547                | n Filers) |
| 4 | Date 02/14/2025                                                                                                                                    | <ul> <li>Full name of contributor</li></ul>                                                                                          |                              | 7                           | Amount of Contribution (\$)                         | \$50.00   |
| _ |                                                                                                                                                    | McAllen, TX 78504                                                                                                                    |                              |                             |                                                     |           |
| 8 | Principal occur<br>Doctor                                                                                                                          | pation / Job title (See Instructions)                                                                                                | 9 Employer (See Instructions | 5)                          |                                                     |           |
|   | Date Full name of contributor out-of-state PAC (ID#:)  02/14/2025 Woloski, Deborah (Ms.)  Contributor address; City; State; Zip Code               |                                                                                                                                      |                              | Amount of Contribution (\$) | \$20.00                                             |           |
|   | Principal occu                                                                                                                                     | Mission, TX 78572 pation / Job title (See Instructions)                                                                              | Employer (See Instructions   | <u> </u>                    |                                                     |           |
|   | private inves                                                                                                                                      | tor                                                                                                                                  |                              |                             |                                                     |           |
|   | Date Full name of contributor out-of-state PAC (ID#:)  02/14/2025 Wong, Antonio (Dr.)  Contributor address; City; State; Zip Code                  |                                                                                                                                      |                              | Amount of Contribution (\$) | \$250.00                                            |           |
|   |                                                                                                                                                    | McAllen, TX 78504                                                                                                                    |                              |                             |                                                     |           |
|   | Principal occu<br>Doctor                                                                                                                           | pation / Job title (See Instructions)                                                                                                | Employer (See Instructions   | 5)                          |                                                     |           |
|   | Date Full name of contributor out-of-state PAC (ID#:)  02/14/2025 Yanez, Sandra (Ms.)  Contributor address; City; State; Zip Code  Alton, TX 78573 |                                                                                                                                      |                              | Amount of Contribution (\$) | \$25.00                                             |           |
|   | Principal occu<br>private inves                                                                                                                    | pation / Job title (See Instructions)                                                                                                | Employer (See Instructions   | <u> </u>                    |                                                     |           |
|   | Date<br>02/14/2025                                                                                                                                 | Full name of contributor out-of-state PAC (ID#:_Yarra, Subbarao (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504 |                              |                             | Amount of Contribution (\$)                         | \$100.00  |
|   | Principal occu<br>Doctor                                                                                                                           | pation / Job title (See Instructions)                                                                                                | Employer (See Instructions   | )                           |                                                     |           |
|   |                                                                                                                                                    |                                                                                                                                      |                              |                             |                                                     |           |

| MONETARY POLITICAL CONTRIBUTIONS |                                                                                                                             |                                                                                                                               | SCHEDULE A1                                                                                                                     |                                                                                                          |                                                                                                           |  |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|
| Instru                           | ction Guide explains how to complete this f                                                                                 | orm.                                                                                                                          | 1                                                                                                                               |                                                                                                          |                                                                                                           |  |
| R NAME<br>er Heal                |                                                                                                                             |                                                                                                                               | 1                                                                                                                               |                                                                                                          | on Filers)                                                                                                |  |
| 4/2025                           | Zamir, Asif (Dr.)                                                                                                           |                                                                                                                               | <b>7</b> Amo                                                                                                                    | unt of Contribution (\$)                                                                                 | \$250.00                                                                                                  |  |
|                                  | Mission, TX 78572                                                                                                           |                                                                                                                               |                                                                                                                                 |                                                                                                          |                                                                                                           |  |
| ipal occu<br>or                  | pation / Job title (See Instructions)                                                                                       | 9 Employer (See Instructions                                                                                                  | s)                                                                                                                              |                                                                                                          |                                                                                                           |  |
| 4/2025                           | Full name of contributor out-of-state PAC (ID#:_<br>Zamora, Maria Luisa (Ms.)<br>Contributor address; City; State; Zip Code | )                                                                                                                             | Amo                                                                                                                             | unt of Contribution (\$)                                                                                 | \$10.00                                                                                                   |  |
| inal agai                        | McAllen, TX 78504                                                                                                           | Employer (See Instruction                                                                                                     |                                                                                                                                 |                                                                                                          |                                                                                                           |  |
|                                  |                                                                                                                             | Employer (See instructions                                                                                                    | 5)                                                                                                                              |                                                                                                          |                                                                                                           |  |
| 4/2025                           | Zayed, Fuad (Dr.)                                                                                                           |                                                                                                                               | Amo                                                                                                                             | unt of Contribution (\$)                                                                                 | \$75.00                                                                                                   |  |
| inal occu                        | Alton, TX 78573                                                                                                             | Employer (See Instructions                                                                                                    | <u> </u>                                                                                                                        |                                                                                                          |                                                                                                           |  |
| ician                            | parent out and (cos men action)                                                                                             | self-employed                                                                                                                 | -,                                                                                                                              |                                                                                                          |                                                                                                           |  |
|                                  |                                                                                                                             |                                                                                                                               |                                                                                                                                 |                                                                                                          |                                                                                                           |  |
| i c z                            | Instru R NAME er Heal 1/2025 pal occupr pal occupate inves                                                                  | Instruction Guide explains how to complete this form R NAME er Health PAC  5 Full name of contributor  out-of-state PAC (ID#: | Instruction Guide explains how to complete this form.  R NAME er Health PAC  5 Full name of contributor  out-of-state PAC (ID#: | Instruction Guide explains how to complete this form.    1 Total Sch: Sch: Sch: Sch: Sch: Sch: Sch: Sch: | Instruction Guide explains how to complete this form.    1 Total pages Schedule A1: Sch: 65/65 Rpt: 68/69 |  |

## NON-DOLITICAL EXPENDITURES

|   |                                                           | 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 Border Health PAC 3 Filer ID (Ethics Commission Filers) 00055547                                                                                                                             |  |  |  |  |  |  |
| 4 | Date 02/05/2025                                           | 5 Payee name Water Tower Village, Ltd                                                                                                                                                                     |  |  |  |  |  |  |
| 6 | Amount (\$)  1,331.25  Expenditure from corporate funds   | 7 Payee Address; City; State; Zip 5221 N McColl Road  Mcallen, TX 78502                                                                                                                                   |  |  |  |  |  |  |
| 8 | PURPOSE<br>OF<br>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 expenditure |  |  |  |  |  |  |
|   |                                                           |                                                                                                                                                                                                           |  |  |  |  |  |  |