

**MONTHLY FILING GENERAL-PURPOSE  
COMMITTEE CAMPAIGN FINANCE REPORT**

**FORM MPAC  
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00055547	2 Total pages filed: 69				
3 COMMITTEE NAME Border Health PAC			<b>OFFICE USE ONLY</b>				
			Date Received <b>ELECTRONICALLY FILED</b> 03/03/2025				
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 612 W. Nolana, Ste. 340  McAllen, TX 78504		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Ernie	MI MI	Receipt # Amount			
	NICKNAME	LAST Perez	SUFFIX	Date Processed			
				Date Imaged			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 612 W. Nolana, Ste. 340  McAllen, TX 78504						
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 612 W. Nolano, Ste. 340  McAllen, TX 78504						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(956)	994-9757					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input checked="" type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	26	2025		02	25	2025

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 65,529.50
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 480,668.13
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Border Health PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00055547
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 65,529.50
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,331.25
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/65 Rpt: 4/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ilinas-Cepeda, Jose Alejandro (Dr.)	<b>7</b> Amount of Contribution (\$)  \$80.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) physician		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aboujamous, Riad (Mr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abreu, Charity (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Agapito, Adrian (Dr.)	Amount of Contribution (\$)  \$8.31
	Contributor address; City; State; Zip Code  Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-employed
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahmed, Adnam (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/65 Rpt: 5/69
2 FILER NAME Border Health PAC		3 Filer ID (Ethics Commission Filers) 00055547
4 Date 02/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alam, Golam (Dr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code  McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Justin (Mr.)	Amount of Contribution (\$) \$20.78
	Contributor address; City; State; Zip Code  Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alhroob, Assad (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali, Sardar (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Private investor		Employer (See Instructions) self employed
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aliseda, Ernest (Mr.)	Amount of Contribution (\$) \$62.50
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions) Self-employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/65 Rpt: 6/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allan, Tareq (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$62.35
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almedia, Hillary (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almedia, Jose (Dr.) <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78015	Amount of Contribution (\$)  \$57.36
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alsabagh, Mourad (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alsabagh, Mourad (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/65 Rpt: 7/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Michelle (Ms.)	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504		
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Michelle (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apolinario, Jumar (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aquino, Eduardo (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arafat, Numan (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  McAllen, TX 78503		
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/65 Rpt: 8/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aranguena Sharpe, Gudadalupe (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arellano-Rodriguez, Anabel (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arrazola, Pedro (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Asase, Danilo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brownsville, TX 78526	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Asistores, Marilyn (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/65 Rpt: 9/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Asuage, Juan (Dr.)	<b>7</b> Amount of Contribution (\$)  \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aude, Wady (Dr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avelino, Arturo (Mr.)	Amount of Contribution (\$)  \$83.13
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Badiga, Murthy (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barreda Jr., Raul (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/65 Rpt: 10/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Marcos (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$125.00
<b>8</b> Principal occupation / Job title (See Instructions) private business owner		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78573	Amount of Contribution (\$)  \$210.31
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self-employed
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bazan, Johnny (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bejarano, Jose (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$191.19
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self-employed
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernini, Juan (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/65 Rpt: 11/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bose, Ashley (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bose, Sarojini (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bracamontes, Yvonne (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cadena, Sandra (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions) Self-employed
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canales, Ricardo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/65 Rpt: 12/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canals, Desi (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78573	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantu, Alonzo (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantu, David (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantu, Leonel (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantu, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/65 Rpt: 13/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caporusso, Joseph M. (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardenas, Carlos J. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardenas, Simon (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carreras, Jose (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Dr		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castaneda, Marissa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/65 Rpt: 14/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castillo, James (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78550	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castillo, Melany (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavazos - Salas, Norma (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Changlani, Mahesh (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chavez Paz, Juan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self-employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/65 Rpt: 15/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chen, Di (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cherian, Ally (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper-Dockery, Dona (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) M.D		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cordoba-Kissee, Michelle (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) 78542		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coronado Garcia, Aida (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brownsville, TX 78526	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/65 Rpt: 16/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cortes, Oscar (Dr.)	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504		
<b>8</b> Principal occupation / Job title (See Instructions) Dr.		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cortinas, Guillermo A. (Dr.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cortinas, Javier (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Edgar (Dr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daley, Hearther (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  McAllen, TX 78503		
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/65 Rpt: 17/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Gorondo Arzamendi, Antonio (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	
<b>8</b> Principal occupation / Job title (See Instructions) physician		<b>9</b> Employer (See Instructions) Self-employed
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deanda, David (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78574	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Del Bosque, Oscar (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delgado, Luis (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Divino, Haydee T. (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/65 Rpt: 18/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duran, Alberto (Dr.)	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78504		
<b>8</b> Principal occupation / Job title (See Instructions) Dr		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ebreo, Ellie (Ms.)	Amount of Contribution (\$) \$41.56
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Echols, Minerva (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Pharr, TX 78577		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esparza, Cristina (Mrs.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Edinburg, TX 78539		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Espinoza, Manuel (Dr.)	Amount of Contribution (\$) \$166.25
Contributor address; City; State; Zip Code  Harlingen, TX 78550		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/65 Rpt: 19/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Falcon, Antonio (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Rio Grande, TX 78582	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Falcon, Maria Elena (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Melissa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78542	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Forse, Armour (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Francis, Mary (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/65 Rpt: 20/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galindo, Eugenio (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Carlos (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Cynthia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Elvin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Nancy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/65 Rpt: 21/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Norma A. (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Oscar (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Pamela (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Ricardo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Samuel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/65 Rpt: 22/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia Lopez, Javier (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Eduardo (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$9.56
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Gavino (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$20.78
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Jaime (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Jesus (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/65 Rpt: 23/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Joaquin (Mr.)	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572		
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Jose Rene (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Kareena (Mrs.)	Amount of Contribution (\$) \$3.82
Contributor address; City; State; Zip Code  Edinburg, TX 78539		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Martin (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Linn, TX 78563		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza Jr, Ruben (Mr.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/65 Rpt: 24/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gelman, Lawrence (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  mcallen, TX 78503	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giraldo, Alvaro (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Felipe (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Juan Pablo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Marco (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/65 Rpt: 25/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez-Martinez, Marissa (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales, Elizabeth Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Alamo, TX 78516	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Ada (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Alamo, TX 78516	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Aida (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78542	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Alfredo	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/65 Rpt: 26/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Jaime A. (Mr.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1,000.00</span>
	<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	
<b>8</b> Principal occupation / Job title (See Instructions) private business owner		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Jesus (Mr.)	Amount of Contribution (\$) <span style="float:right">\$25.00</span>
	Contributor address; City; State; Zip Code  Edinburg, TX 78542	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Roberto (Dr.)	Amount of Contribution (\$) <span style="float:right">\$25.00</span>
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez Jr, Alfonso (Mr.)	Amount of Contribution (\$) <span style="float:right">\$10.00</span>
	Contributor address; City; State; Zip Code  Brownsville, TX 78521	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griego, Enrique (Dr.)	Amount of Contribution (\$) <span style="float:right">\$1,000.00</span>
	Contributor address; City; State; Zip Code  Pharr, TX 78577	
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/65 Rpt: 27/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guadarrama, Delisa (Dr.)	<b>7</b> Amount of Contribution (\$) \$114.72
	<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guardia, Juan A. (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, Daniel (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, Ernesto (Mr.)	Amount of Contribution (\$) \$76.48
	Contributor address; City; State; Zip Code  McAllen, TX 78502	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, R.Marcy (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78541	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/65 Rpt: 28/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gummadi, Sarada (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutierrez, Alberto (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutierrez, Marco (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutierrez, Miguel (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guzman, Eduardo (Dr.) <hr/> Contributor address; City; State; Zip Code  Penitas, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/65 Rpt: 29/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haddad, Roberto (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	
<b>8</b> Principal occupation / Job title (See Instructions) Private Investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haddad, Victor (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hance, Courtney (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Joseph (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hensler, Blake (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/65 Rpt: 30/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hensler, Monique (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Ambrosio (Dr.) <hr/> Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Cristela (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Max (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/65 Rpt: 31/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hinojosa, Martha (Ms.)	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Honrubia, Dynio (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Honrubia, Vincent (Dr.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Iglesias, Norma (Dr.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Igoa, Jose (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/65 Rpt: 32/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Irigoyen, Fructuoso (Dr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jelinek, Michael T (Dr.)	Amount of Contribution (\$) \$191.19
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez-Flores, Danielle (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joule, Donna-Gail (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalaf, Nelson (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Mcallen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/65 Rpt: 33/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kanhery, Gauri (Dr.)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Rio Grande, TX 78582	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khademi, Kambiz (Mr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  McAllen, TX 78502	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khan, Muhammad (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kiani, Gholam (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kotaki, Mohammad H. (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/65 Rpt: 34/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lares, Irene (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lazaro, Fernando (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leal, Ramiro (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ledesma, Raul (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lema, Rodrigo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/65 Rpt: 35/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lerma Jr., Ricardo (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mercedes, TX 78570	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Levine, Lyuba (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$103.91
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Limas, Flor (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$57.36
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lin, Rick (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linan, Enrique (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/65 Rpt: 36/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lineberger, Dale (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Manchaca, TX 78652	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lizcano, Mario (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loggiodice, Nelson (Mr.) <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loja, Wilmer (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Jose (Dr.) <hr/> Contributor address; City; State; Zip Code  Palmhurst, TX 78573	Amount of Contribution (\$)  \$62.35
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/65 Rpt: 37/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Pamela (Ms.)	<b>7</b> Amount of Contribution (\$)  \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Pharr, TX 78577	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez Jr., Alfredo (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lozano, Rodolfo (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Mission, TX 78574	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lozano, Sergio (Mr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mabulac, Deborah (Ms.)	Amount of Contribution (\$)  \$19.12
	Contributor address; City; State; Zip Code  Edinburg, TX 78541	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/65 Rpt: 38/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcom, Javier (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangi, Salil (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangoo-Karim, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manoharan, Paulrajan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manrique, Carlos (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/65 Rpt: 39/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marichalar, Luis (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Private Investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marina, Jose Mario (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78573	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marquez, Luis A. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Ricardo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-employed
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mata, Nelson (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/65 Rpt: 40/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathavan, Rajeen (Dr.)	<b>7</b> Amount of Contribution (\$)  \$38.24
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNutt, Kimberly (Ms.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Bertha (Dr.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Javier (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Mission, TX 78574	
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Lorena (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/65 Rpt: 41/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Martha Carmen (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Melecio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mego, Carlos (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendez, Oscar (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendez, Salvador (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/65 Rpt: 42/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mercado, Manuel (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Dr.		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, Scott (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Milano, Emil (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Milov, Simon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mirmohammadi, Rowena (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/65 Rpt: 43/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, Jo Ann (Dr.)	<b>7</b> Amount of Contribution (\$)  \$9.56
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78502	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mohamed, Samira (Dr.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mohme, Ruben (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montes, Jorge A. (Dr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montes, Laura (Dr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/65 Rpt: 44/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morales, Carlos E (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moreno, Juan (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Alton, TX 78574	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moreno, Leonel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mulukutla, Surya Narayan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munoz, Roberto (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/65 Rpt: 45/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nagaraj, Namitha (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nunez, Zoraly (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ochoa, Esmeralda (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ochoa, Kristy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ogunlana, Victor (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/65 Rpt: 46/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ohabor, Chioma (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Private Investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ohabor, Constantine (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olgin, Gaudencio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oliveira, Noel E (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orfanos, John (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/65 Rpt: 47/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Otero, Fernando (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  mcallen, TX 78502	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owen, Kip (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ozuna, Ronnie (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padilla, Maritza (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Weslaco, TX 78599	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palacios, Esteban (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78540	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/65 Rpt: 48/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palacios Merchan, Juan Diego (Dr.)	<b>7</b> Amount of Contribution (\$)  \$75.00
	<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palimar, P (Dr.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pechero, Guillermo (Dr.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pena, Diamantina (Ms.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Mcallen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pena, Priscilla (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Mission, TX 78574	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/65 Rpt: 49/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pena, Victor (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78574	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peralez, Rosie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perez, Ernie (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78502-5360	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perez, Florencia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perez, Francisco (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/65 Rpt: 50/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perez, Guillermo (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perez, Nina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peynado, Herrietta (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mercedes, TX 78570	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierre-Louise, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-employed
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pillai, Revi (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/65 Rpt: 51/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prieto-Harris, Roberto (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Puttagunta, Sobha (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quach, Tin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rafols, Rafael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Physician/Self-employed		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Luis (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/65 Rpt: 52/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramos, Thelma (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$15.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) private business owner		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel, Soraya (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reddy, Vangala J (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$) <span style="float:right">\$200.00</span>
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rios, Adriana (Ms.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78599	Amount of Contribution (\$) <span style="float:right">\$10.00</span>
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rios Jr, Jesus (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$) <span style="float:right">\$250.00</span>
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/65 Rpt: 53/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Jaime (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$3.82
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robalino, Benjamin (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robles, Luis H. (Dr.) <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78520	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Edgar (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/65 Rpt: 54/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Maria (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Weslaco, TX 78596	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Ofelia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mcallen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Sergio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez-Ayala, Heriberto (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78502	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez-Rico, Daniella (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/65 Rpt: 55/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruiz, Henry (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruiz, Rosalva (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pharr, TX 78577	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, J.J (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Javier (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Jennifer (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/65 Rpt: 56/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Jessica (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78502	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Vanessa (Ms.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78541	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saffels, Nathan (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Safir, Larry (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saladino, Nicole (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/65 Rpt: 57/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saldivar, Aida (Ms.)	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
<b>Date</b> 02/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Annabelle (Ms.)	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  McAllen, TX 78501	
<b>Principal occupation / Job title (See Instructions)</b> private investor		<b>Employer (See Instructions)</b>
<b>Date</b> 02/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Mariano (Dr.)	<b>Amount of Contribution (\$)</b> \$150.00
	<b>Contributor address; City; State; Zip Code</b>  Mission, TX 78572	
<b>Principal occupation / Job title (See Instructions)</b> Dr.		<b>Employer (See Instructions)</b>
<b>Date</b> 02/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Miguel A. (Mr.)	<b>Amount of Contribution (\$)</b> \$9.56
	<b>Contributor address; City; State; Zip Code</b>  McAllen, TX 78503	
<b>Principal occupation / Job title (See Instructions)</b> private investor		<b>Employer (See Instructions)</b>
<b>Date</b> 02/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Samuel (Mr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Mission, TX 78572	
<b>Principal occupation / Job title (See Instructions)</b> private investor		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/65 Rpt: 58/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanchez, Elisa Garza (Dr.)	<b>7</b> Amount of Contribution (\$) \$125.00
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	
<b>8</b> Principal occupation / Job title (See Instructions) doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanchez, Richard (Dr.)	Amount of Contribution (\$) \$166.25
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandoval, Gilberto (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Brownsville, TX 78520	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandoval, Oscar (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Edcouch, TX 78538	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarmiento Cano, Juan P. Javier (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/65 Rpt: 59/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seas, Manuel (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Serna, Samuel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shuaib, Tawid (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siberman, Herschi (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siedow, Stephen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/65 Rpt: 60/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sifuentes, Pamela (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weslaco, TX 78596	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singh, Manish (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Solis, Hilda (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Soto, Hector (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sustaita, Raul (Mr.) <hr/> Contributor address; City; State; Zip Code  Donna, TX 78537	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/65 Rpt: 61/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swarup, Jyothi (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tamez, Daniel (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Alton, TX 78573	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tey, Alejandro (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tharp, Maribel (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tijerina, Erica (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pharr, TX 78577	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/65 Rpt: 62/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tovar, Sandra (Ms.)	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trejo, Jose (Mr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trevino, Ernesto	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trevino, Kyara J. (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  La Joya, TX 78560	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turley, Susan (Mrs.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/65 Rpt: 63/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Twahiwa, Marcel (Dr.)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Uribe, Lourdes (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valladares, Teresa (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) M.D		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vasquez, Jose, A (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Rio Grande , TX 78582	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vela, Carlos Ian (Mr.)	Amount of Contribution (\$) \$28.68
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/65 Rpt: 64/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vela, Efraim (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vela, Oscar Rene (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vela, Susana (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Velazquez, Orlando (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Velazquez, Rolando (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Raymondville, TX 78580	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/65 Rpt: 65/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vera, Eloy (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  rio Grande City, TX 78582	
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Rose Maria (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Veronica (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Victor (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villegas, Gustavo (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/65 Rpt: 66/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villescas III, Gavino M. (Mr.)	<b>7</b> Amount of Contribution (\$) \$128.59
<b>6</b> Contributor address; City; State; Zip Code  San Juan, TX 78589		
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Viswamitra, Saroje (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Ray (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wang, Ann (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Palmhurst, TX 78573		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Webb, James (Mr.)	Amount of Contribution (\$) \$62.50
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/65 Rpt: 67/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Teresa (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolosi, Deborah (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wong, Antonio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yanez, Sandra (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Alton, TX 78573	
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yarra, Subbarao (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/65 Rpt: 68/69
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zamir, Asif (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) doctor		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zamora, Maria Luisa (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zayed, Fuad (Dr.) <hr/> Contributor address; City; State; Zip Code  Alton, TX 78573	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) self-employed

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/1 Rpt:	<b>2</b> FILER NAME Border Health PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 02/05/2025	<b>5</b> Payee name Water Tower Village, Ltd	
<b>6</b> Amount (\$) 1,331.25 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 5221 N McColl Road Mcallen, TX 78502	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) office lease expenditure