

# 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: 136	
3 COMMITTEE NAME Border Health PAC				OFFICE USE ONLY  Date Received ELECTRONICALLY FILED 08/05/2025  Date Hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 612 W. Nolana, Ste. 340  McAllen, TX 78504				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Ernie  NICKNAME LAST SUFFIX Perez				
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	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 checked="" type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input 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 06/26/2025    07/25/2025				

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# 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		
<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)		\$ 136,382.00		
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>		\$ 0.00	
	<b>4. TOTAL POLITICAL EXPENDITURES</b>		\$ 266,700.00	
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$ 398,338.30	
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****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 136

<b>17 COMMITTEE NAME</b> Border Health PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00055547
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 136,382.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 266,700.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 18,271.97
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 414.38

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/128 Rpt: 4/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ilinas-Cepeda, Jose Alejandro (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$80.00
<b>8</b> Principal occupation / Job title (See Instructions) physician		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ilinas-Cepeda, Jose Alejandro (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aboujamous, Riad (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aboujamous, Riad (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abreu, Charity (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: 2/128 Rpt: 5/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abreu, Charity (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agapito, Adrian (Dr.) <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$7.48
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agapito, Adrian (Dr.) <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$7.48
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Adnam (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) Self-employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Adnam (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) 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: 3/128 Rpt: 6/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alam, Golam (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alam, Golam (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Justin (Mr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$18.70
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Justin (Mr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$18.70
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alhroob, Assad (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$20.00
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: 4/128 Rpt: 7/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alhroob, Assad (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali, Sardar (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Private investor		Employer (See Instructions) self employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali, Sardar (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Private investor		Employer (See Instructions) self employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aliseda, Ernest (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions) Self-employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aliseda, Ernest (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$60.00
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: 5/128 Rpt: 8/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<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 (\$)  \$56.11
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allan, Tareq (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$56.11
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	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 07/18/2025	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 07/01/2025	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 (\$)  \$56.11
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: 6/128 Rpt: 9/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almedia, Jose (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78015	<b>7</b> Amount of Contribution (\$)  \$56.11
<b>8</b> Principal occupation / Job title (See Instructions) physician		<b>9</b> Employer (See Instructions)
Date 07/01/2025	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 07/18/2025	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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Michelle (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Michelle (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	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: 7/128 Rpt: 10/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apolinario, Jumar (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apolinario, Jumar (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aquino, Eduardo (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aquino, Eduardo (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arafat, Numan (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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/128 Rpt: 11/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arafat, Numan (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	<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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aranguena Sharpe, Gudadalupe (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aranguena Sharpe, Gudadalupe (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arellano-Rodriguez, Anabel (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$7.48
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arellano-Rodriguez, Anabel (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$7.48
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: 9/128 Rpt: 12/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arrazola, Pedro (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arrazola, Pedro (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asase, Danilo (Dr.) <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78526	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asase, Danilo (Dr.) <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78526	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asistores, Marilyn (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$75.00
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: 10/128 Rpt: 13/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asistores, Marilyn (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asuage, Juan (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asuage, Juan (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aude, Wady (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aude, Wady (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	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: 11/128 Rpt: 14/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avelino, Arturo (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	<b>7</b> Amount of Contribution (\$)  \$74.81
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avelino, Arturo (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$74.81
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Badiga, Murthy (Dr.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78596	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Badiga, Murthy (Dr.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78596	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barreda Jr., Raul (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$10.00
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: 12/128 Rpt: 15/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barreda Jr., Raul (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Marcos (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Marcos (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 07/18/2025	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 07/18/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/128 Rpt: 16/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazan, Johnny (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	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 07/01/2025	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 07/18/2025	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 07/01/2025	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: 14/128 Rpt: 17/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernini, Juan (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Ashley (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Ashley (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sarojini (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sarojini (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$1,000.00
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: 15/128 Rpt: 18/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bracamontes, Yvonne (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bracamontes, Yvonne (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cadena, Sandra (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions) Self-employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cadena, Sandra (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions) Self-employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Ricardo (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$200.00
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: 16/128 Rpt: 19/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Ricardo (Dr.) <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canals, Desi (Dr.) Contributor address; City; State; Zip Code  Mission, TX 78573	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canals, Desi (Dr.) Contributor address; City; State; Zip Code  Mission, TX 78573	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Alonzo (Mr.) 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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Alonzo (Mr.) 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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/128 Rpt: 20/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, David (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	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 07/01/2025	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 (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/18/2025	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 07/01/2025	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: 18/128 Rpt: 21/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Melissa (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pharr, TX 78577	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caporusso, Joseph M. (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caporusso, Joseph M. (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos J. (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos J. (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$1,000.00
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: 19/128 Rpt: 22/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Simon (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Simon (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carreras, Jose (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Dr		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carreras, Jose (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Dr		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castaneda, Marissa (Ms.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$50.00
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: 20/128 Rpt: 23/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castaneda, Marissa (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, James (Dr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$57.36
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, James (Dr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$57.36
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Melany (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$112.40
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Melany (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$112.40
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: 21/128 Rpt: 24/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos - Salas, Norma (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dr.		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos - Salas, Norma (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Changlani, Mahesh (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Changlani, Mahesh (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez Paz, Juan (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$25.00
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: 22/128 Rpt: 25/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez Paz, Juan (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) self-employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherian, Ally (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherian, Ally (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chineke, Chinwendu (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chineke, Chinwendu (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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/128 Rpt: 26/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper-Dockery, Dona (Dr.) <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) M.D		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper-Dockery, Dona (Dr.) Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) M.D		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordoba-Kissee, Michelle (Dr.) Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) 78542		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordoba-Kissee, Michelle (Dr.) Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) 78542		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronado Garcia, Aida (Ms.) Contributor address; City; State; Zip Code  Brownsville, TX 78526	Amount of Contribution (\$)  \$19.12
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: 24/128 Rpt: 27/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronado Garcia, Aida (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brownsville, TX 78526	<b>7</b> Amount of Contribution (\$)  \$19.12
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortes, Oscar (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortes, Oscar (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortinas, Guillermo A. (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortinas, Javier (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$250.00
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: 25/128 Rpt: 28/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Edgar (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Edgar (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daley, Hearther (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daley, Hearther (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Gorondo Arzamendi, Antonio (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$25.00
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: 26/128 Rpt: 29/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Gorondo Arzamendi, Antonio (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) physician		<b>9</b> Employer (See Instructions) Self-employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deanda, David (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78574	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deanda, David (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78574	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Bosque, Oscar (Mr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Bosque, Oscar (Mr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	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: 27/128 Rpt: 30/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Parul (Dr.) <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) Physician		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Parul (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Divino, Haydee T. (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Divino, Haydee T. (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Alberto (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, 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: 28/128 Rpt: 31/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Alberto (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78504	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Dr		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebreo, Ellie (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$37.41
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebreo, Ellie (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$37.31
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Echols, Minerva (Ms.) <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Echols, Minerva (Ms.) <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$20.00
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: 29/128 Rpt: 32/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esparza, Cristina (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esparza, Cristina (Mrs.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espinoza, Manuel (Dr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$149.63
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espinoza, Manuel (Dr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$149.63
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon, Antonio (Dr.) <hr/> Contributor address; City; State; Zip Code  Rio Grande, TX 78582	Amount of Contribution (\$)  \$200.00
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: 30/128 Rpt: 33/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon, Antonio (Dr.) <b>6</b> Contributor address; City; State; Zip Code Rio Grande, TX 78582	<b>7</b> Amount of Contribution (\$) \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon, Maria Elena (Dr.) 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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon, Maria Elena (Dr.) 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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Melissa (Ms.) Contributor address; City; State; Zip Code Edinburg, TX 78542	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Melissa (Ms.) Contributor address; City; State; Zip Code Edinburg, TX 78542	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: 31/128 Rpt: 34/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forse, Armour (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) physician		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forse, Armour (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Mary (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$114.71
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Mary (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$114.71
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Eugenio (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
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: 32/128 Rpt: 35/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Eugenio (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Carlos (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Carlos (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Cynthia (Dr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Cynthia (Dr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$200.00
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: 33/128 Rpt: 36/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Elvin (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weslaco, TX 78596	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Dr.		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Elvin (Dr.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78596	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Nancy (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Nancy (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Norma A. (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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/128 Rpt: 37/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Norma A. (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	<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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Oscar (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Oscar (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Pamela (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Ricardo (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	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: 35/128 Rpt: 38/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Ricardo (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Samuel (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Samuel (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia Lopez, Javier (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia Lopez, Javier (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$15.00
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: 36/128 Rpt: 39/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Eduardo (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$9.56
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	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 07/01/2025	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 (\$)  \$18.70
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	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 (\$)  \$18.70
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/128 Rpt: 40/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jaime (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	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)
Date 07/18/2025	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)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Joaquin (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Joaquin (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$10.00
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: 38/128 Rpt: 41/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jose Rene (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) private business owner		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jose Rene (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Kareena (Mrs.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$3.82
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Kareena (Mrs.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$3.82
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Martin (Dr.) <hr/> Contributor address; City; State; Zip Code  Linn, TX 78563	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: 39/128 Rpt: 42/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Martin (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Linn, TX 78563	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza Jr, Ruben (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza Jr, Ruben (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelman, Lawrence (Dr.) <hr/> Contributor address; City; State; Zip Code  mcallen, TX 78503	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelman, Lawrence (Dr.) <hr/> Contributor address; City; State; Zip Code  mcallen, TX 78503	Amount of Contribution (\$)  \$1,000.00
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: 40/128 Rpt: 43/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giraldo, Alvaro (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dr.		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giraldo, Alvaro (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Felipe (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Felipe (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Juan Pablo (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$200.00
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: 41/128 Rpt: 44/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Juan Pablo (Dr.) <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Marco (Mr.) Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Marco (Mr.) Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez-Martinez, Marissa (Dr.) Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez-Martinez, Marissa (Dr.) Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$20.00
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: 42/128 Rpt: 45/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Elizabeth Ann (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alamo, TX 78516	<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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Elizabeth Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Alamo, TX 78516	Amount of Contribution (\$)  \$3.82
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ada (Mrs.) <hr/> Contributor address; City; State; Zip Code  Alamo, TX 78516	Amount of Contribution (\$)  \$19.12
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ada (Mrs.) <hr/> Contributor address; City; State; Zip Code  Alamo, TX 78516	Amount of Contribution (\$)  \$19.12
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Aida (Ms.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78542	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: 43/128 Rpt: 46/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Aida (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78542	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Alfredo <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Alfredo <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Jaime A. (Mr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Jaime A. (Mr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$1,000.00
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: 44/128 Rpt: 47/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Jesus (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78542	<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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Jesus (Mr.) Contributor address; City; State; Zip Code  Edinburg, TX 78542	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Roberto (Dr.) Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Roberto (Dr.) Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez Jr, Alfonso (Mr.) Contributor address; City; State; Zip Code  Brownsville, TX 78521	Amount of Contribution (\$)  \$10.00
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: 45/128 Rpt: 48/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez Jr, Alfonso (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Brownsville, TX 78521	<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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griego, Enrique (Dr.) Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griego, Enrique (Dr.) Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadarrama, Delisa (Dr.) Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$112.22
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadarrama, Delisa (Dr.) Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$112.22
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: 46/128 Rpt: 49/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guardia, Juan A. (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guardia, Juan A. (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Daniel (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Daniel (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Ernesto (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78502	Amount of Contribution (\$)  \$74.81
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: 47/128 Rpt: 50/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Ernesto (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78502	<b>7</b> Amount of Contribution (\$)  \$74.81
<b>8</b> Principal occupation / Job title (See Instructions) private business owner		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, R.Marcy (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78541	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, R.Marcy (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78541	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gummadi, Sarada (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)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gummadi, Sarada (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: 48/128 Rpt: 51/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Alberto (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<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 07/18/2025	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 07/01/2025	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 07/18/2025	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 07/01/2025	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/128 Rpt: 52/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Miguel (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Dr.		<b>9</b> Employer (See Instructions)
Date 07/01/2025	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)
Date 07/18/2025	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)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haddad, Roberto (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haddad, Roberto (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$10.00
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: 50/128 Rpt: 53/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haddad, Victor (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haddad, Victor (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hance, Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hance, Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Joseph (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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/128 Rpt: 54/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Joseph (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensler, Blake (Mr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensler, Blake (Mr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensler, Blake (Mr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensler, Monique (Ms.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	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: 52/128 Rpt: 55/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<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 07/01/2025	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 07/18/2025	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 07/01/2025	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 07/01/2025	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/128 Rpt: 56/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	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 07/01/2025	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)
Date 07/18/2025	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)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Martha (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)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/128 Rpt: 57/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Martha (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honrubia, Dynio (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honrubia, Vincent (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honrubia, Vincent (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honrubia, Vincent (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	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: 55/128 Rpt: 58/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iglesias, Norma (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iglesias, Norma (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igoa, Jose (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igoa, Jose (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irigoyen, Fructuoso (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$200.00
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: 56/128 Rpt: 59/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irigoyen, Fructuoso (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jelinek, Michael T (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$191.19
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jelinek, Michael T (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$191.19
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez-Flores, Danielle (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez-Flores, Danielle (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$200.00
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: 57/128 Rpt: 60/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joule, Donna-Gail (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	<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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joule, Donna-Gail (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalaf, Nelson (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalaf, Nelson (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanhere, Gauri (Dr.) <hr/> Contributor address; City; State; Zip Code  Rio Grande, TX 78582	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: 58/128 Rpt: 61/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanhere, Gauri (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rio Grande, TX 78582	<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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khademi, Kambiz (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78502	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khademi, Kambiz (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78502	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Muhammad (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Muhammad (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$20.00
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: 59/128 Rpt: 62/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiani, Gholam (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiani, Gholam (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kotaki, Mohammad H. (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kotaki, Mohammad H. (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lares, Irene (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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/128 Rpt: 63/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lares, Irene (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazaro, Fernando (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazaro, Fernando (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Ramiro (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Ramiro (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, 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: 61/128 Rpt: 64/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledesma, Raul (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledesma, Raul (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledesma, Raul (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledesma, Raul (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lema, Rodrigo (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$200.00
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: 62/128 Rpt: 65/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lema, Rodrigo (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerma Jr., Ricardo (Mr.) <hr/> Contributor address; City; State; Zip Code  Mercedes, TX 78570	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerma Jr., Ricardo (Mr.) <hr/> Contributor address; City; State; Zip Code  Mercedes, TX 78570	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	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 (\$)  \$93.52
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	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 (\$)  \$93.52
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: 63/128 Rpt: 66/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limas, Flor (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$57.36
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	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 07/01/2025	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 07/18/2025	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 07/01/2025	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: 64/128 Rpt: 67/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linan, Enrique (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger, Dale (Mr.) <hr/> Contributor address; City; State; Zip Code  Manchaca, TX 78652	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger, Dale (Mr.) <hr/> Contributor address; City; State; Zip Code  Manchaca, TX 78652	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	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 07/18/2025	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/128 Rpt: 68/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loggiodice, Nelson (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pharr, TX 78577	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	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 07/01/2025	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 07/18/2025	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 07/01/2025	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 (\$)  \$30.34
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: 66/128 Rpt: 69/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jose (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Palmhurst, TX 78573	<b>7</b> Amount of Contribution (\$) \$30.34
<b>8</b> Principal occupation / Job title (See Instructions) doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Pamela (Ms.) <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez Jr., Alfredo (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dr		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez Jr., Alfredo (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dr		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Rodolfo (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78574	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: 67/128 Rpt: 70/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Rodolfo (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78574	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Dr.		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Sergio (Mr.) Contributor address; City; State; Zip Code  Weslaco, TX 78596	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Sergio (Mr.) Contributor address; City; State; Zip Code  Weslaco, TX 78596	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mabulac, Deborah (Ms.) Contributor address; City; State; Zip Code  Edinburg, TX 78541	Amount of Contribution (\$)  \$19.12
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mabulac, Deborah (Ms.) Contributor address; City; State; Zip Code  Edinburg, TX 78541	Amount of Contribution (\$)  \$19.12
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: 68/128 Rpt: 71/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcom, Javier (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcom, Javier (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangi, Salil (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)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangi, Salil (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)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangoo-Karim, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$125.00
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: 69/128 Rpt: 72/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangoo-Karim, Robert (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	<b>7</b> Amount of Contribution (\$)  \$125.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manoharan, Paulrajan (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manoharan, Paulrajan (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manrique, Carlos (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manrique, Carlos (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)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/128 Rpt: 73/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marichalar, Luis (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Private Investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marichalar, Luis (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marina, Jose Mario (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78573	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marina, Jose Mario (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78573	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Luis A. (Mr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552	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: 71/128 Rpt: 74/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Luis A. (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78552	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Ricardo (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) Self-employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Ricardo (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) Self-employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mata, Nelson (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mata, Nelson (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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/128 Rpt: 75/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathavan, Rajeen (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$38.24
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathavan, Rajeen (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$38.24
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNutt, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNutt, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Bertha (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$1,000.00
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: 73/128 Rpt: 76/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Bertha (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Javier (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78574	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Javier (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78574	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Lorena (Ms.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Lorena (Ms.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	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: 74/128 Rpt: 77/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Martha Carmen (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Martha Carmen (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Melecio (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Melecio (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mego, Carlos (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$1,000.00
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: 75/128 Rpt: 78/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mego, Carlos (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Oscar (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$87.04
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Oscar (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$87.04
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Salvador (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Salvador (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$250.00
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: 76/128 Rpt: 79/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado, Manuel (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Dr.		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado, Manuel (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Scott (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Scott (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milano, Emil (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
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: 77/128 Rpt: 80/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milano, Emil (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milov, Simon (Dr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milov, Simon (Dr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirmohammadi, Rowena (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirmohammadi, Rowena (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$250.00
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: 78/128 Rpt: 81/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Jo Ann (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78502	<b>7</b> Amount of Contribution (\$)  \$9.35
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Jo Ann (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78502	Amount of Contribution (\$)  \$9.35
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohamed, Samira (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohamed, Samira (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohme, Ruben (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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/128 Rpt: 82/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohme, Ruben (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes, Jorge A. (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

  

Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes, Jorge A. (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

  

Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes, Laura (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

  

Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes, Laura (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	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: 80/128 Rpt: 83/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Carlos E (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Carlos E (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Juan (Mr.) <hr/> Contributor address; City; State; Zip Code  Alton, TX 78574	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Juan (Mr.) <hr/> Contributor address; City; State; Zip Code  Alton, TX 78574	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Leonel (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78503	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: 81/128 Rpt: 84/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Leonel (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78503	<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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulukutla, Surya Narayan (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulukutla, Surya Narayan (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Roberto (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$112.22
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Roberto (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$112.22
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: 82/128 Rpt: 85/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagaraj, Namitha (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagaraj, Namitha (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)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Zoraly (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$275.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Zoraly (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$275.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, Esmeralda (Mrs.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$7.48
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: 83/128 Rpt: 86/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, Esmeralda (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$7.48
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, Kristy (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, Kristy (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogunlana, Victor (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogunlana, Victor (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$100.00
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: 84/128 Rpt: 87/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohabor, Chioma (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Private Investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohabor, Chioma (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Private Investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohabor, Constantine (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohabor, Constantine (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olgin, Gaudencio (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$125.00
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: 85/128 Rpt: 88/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olgin, Gaudencio (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$125.00
<b>8</b> Principal occupation / Job title (See Instructions) physician		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliveira, Noel E (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)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliveira, Noel E (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)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orfanos, John (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orfanos, John (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$200.00
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: 86/128 Rpt: 89/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orozco, Jorge (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Pharr, TX 78577	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orozco, Jorge (Mr.) Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otero, Fernando (Dr.) Contributor address; City; State; Zip Code  mcallen, TX 78502	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otero, Fernando (Dr.) Contributor address; City; State; Zip Code  mcallen, TX 78502	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Kip (Dr.) Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$100.00
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: 87/128 Rpt: 90/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Kip (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozuna, Ronnie (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$9.67
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozuna, Ronnie (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$9.67
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Maritza (Ms.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78599	Amount of Contribution (\$)  \$74.81
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Maritza (Ms.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78599	Amount of Contribution (\$)  \$74.81
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: 88/128 Rpt: 91/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palacios, Esteban (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78540	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palacios, Esteban (Mr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78540	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palacios Merchan, Juan Diego (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palacios Merchan, Juan Diego (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palimar, P (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: 89/128 Rpt: 92/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palimar, P (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Dr.		<b>9</b> Employer (See Instructions)

  

Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pechero, Guillermo (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)

  

Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pechero, Guillermo (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)

  

Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Diamantina (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)

  

Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Diamantina (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
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: 90/128 Rpt: 93/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Priscilla (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78574	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Priscilla (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78574	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Victor (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78574	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Victor (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78574	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Rosie (Ms.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	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: 91/128 Rpt: 94/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peralez, Rosie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Private Investor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Ernie (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78502-5360	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Ernie (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78502-5360	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Florencia <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Florencia <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$100.00
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: 92/128 Rpt: 95/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Francisco (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Francisco (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Guillermo (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Guillermo (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Nina (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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 93/128 Rpt: 96/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Nina (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peynado, Herrietta (Ms.) <hr/> Contributor address; City; State; Zip Code  Mercedes, TX 78570	Amount of Contribution (\$)  \$28.68
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peynado, Herrietta (Ms.) <hr/> Contributor address; City; State; Zip Code  Mercedes, TX 78570	Amount of Contribution (\$)  \$28.68
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierre-Louise, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierre-Louise, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$50.00
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: 94/128 Rpt: 97/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillai, Revi (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillai, Revi (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puttagunta, Sobha (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puttagunta, Sobha (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quach, Tin (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	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: 95/128 Rpt: 98/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quach, Tin (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafols, Rafael (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician/Self-employed		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafols, Rafael (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician/Self-employed		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Luis (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Thelma (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$15.00
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: 96/128 Rpt: 99/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel, Soraya (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	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 (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	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 (\$)  \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	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 (\$)  \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	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 (\$)  \$10.00
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: 97/128 Rpt: 100/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Adriana (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weslaco, TX 78599	<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 07/01/2025	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 (\$)  \$250.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	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 (\$)  \$250.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Jaime (Ms.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$3.82
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera - menchaca, 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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 98/128 Rpt: 101/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera - menchaca, Jennifer (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<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 07/01/2025	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 07/18/2025	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 07/01/2025	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 07/01/2025	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: 99/128 Rpt: 102/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Edgar (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Maria (Ms.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78596	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Maria (Ms.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78596	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Ofelia (Dr.) <hr/> Contributor address; City; State; Zip Code  Mcallen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Ofelia (Dr.) <hr/> Contributor address; City; State; Zip Code  Mcallen, 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: 100/128 Rpt: 103/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sergio (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$18.75
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sergio (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$18.75
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez-Ayala, Heriberto (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78502	Amount of Contribution (\$)  \$56.11
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez-Ayala, Heriberto (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78502	Amount of Contribution (\$)  \$56.11
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez-Rico, Daniella (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$229.43
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: 101/128 Rpt: 104/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez-Rico, Daniella (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$229.43
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Henry (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Henry (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Rosalva (Ms.) <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Rosalva (Ms.) <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$10.00
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: 102/128 Rpt: 105/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Elvia (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mcallen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) private business owner		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Elvia (Ms.) <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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, J.J (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, J.J (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Javier (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$1,000.00
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: 103/128 Rpt: 106/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Javier (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	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 07/18/2025	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 104/128 Rpt: 107/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saffels, Nathan (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<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 07/18/2025	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 07/01/2025	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 07/18/2025	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 07/01/2025	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: 105/128 Rpt: 108/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saladino, Nicole (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saldivar, Aida (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saldivar, Aida (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Annabelle (Ms.) <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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Annabelle (Ms.) <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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 106/128 Rpt: 109/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Mariano (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Dr.		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Mariano (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Dr.		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Michael A. (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Miguel A. (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$18.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Samuel (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$10.00
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: 107/128 Rpt: 110/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Samuel (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Elisa Garza (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Elisa Garza (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$149.63
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$149.63
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: 108/128 Rpt: 111/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Gilberto (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brownsville, TX 78520	<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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Gilberto (Mr.) <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78520	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Oscar (Mr.) <hr/> Contributor address; City; State; Zip Code  Edcouch, TX 78538	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Oscar (Mr.) <hr/> Contributor address; City; State; Zip Code  Edcouch, TX 78538	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento Cano, Juan P. Javier (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, 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: 109/128 Rpt: 112/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento Cano, Juan P. Javier (Dr.) <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seas, Manuel (Dr.) 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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seas, Manuel (Dr.) 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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serna, Samuel (Dr.) Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serna, Samuel (Dr.) Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
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: 110/128 Rpt: 113/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shuaib, Tawid (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78503	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shuaib, Tawid (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siberman, Herschi (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siberman, Herschi (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siedow, Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$25.00
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: 111/128 Rpt: 114/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siedow, Stephen (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) physician		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sifuentes, Pamela (Ms.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78596	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sifuentes, Pamela (Ms.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78596	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	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 07/18/2025	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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 112/128 Rpt: 115/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Hilda (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	<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 07/18/2025	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 07/01/2025	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 07/18/2025	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 07/18/2025	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: 113/128 Rpt: 116/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sustaita, Raul (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Donna, TX 78537	<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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swarup, Jyothi (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swarup, Jyothi (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamez, Daniel (Mr.) <hr/> Contributor address; City; State; Zip Code  Alton, TX 78573	Amount of Contribution (\$)  \$3.82
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamez, Daniel (Mr.) <hr/> Contributor address; City; State; Zip Code  Alton, TX 78573	Amount of Contribution (\$)  \$3.82
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: 114/128 Rpt: 117/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tey, Alejandro (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) M.D.		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tey, Alejandro (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tharp, Maribel (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tharp, Maribel (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Erica (Ms.) <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$20.00
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: 115/128 Rpt: 118/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Erica (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pharr, TX 78577	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tovar, Sandra (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tovar, Sandra (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trejo, Jose (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trejo, Jose (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$250.00
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: 116/128 Rpt: 119/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Ernesto <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Ernesto <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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Kyara J. (Ms.) <hr/> Contributor address; City; State; Zip Code  La Joya, TX 78560	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Kyara J. (Ms.) <hr/> Contributor address; City; State; Zip Code  La Joya, TX 78560	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turley, Susan (Mrs.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$250.00
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: 117/128 Rpt: 120/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turley, Susan (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) private business owner		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twahiwa, Marcel (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)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twahiwa, Marcel (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)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uribe, Lourdes (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valladares, Teresa (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$100.00
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: 118/128 Rpt: 121/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valladares, Teresa (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) M.D		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Jose, A (Dr.) Contributor address; City; State; Zip Code  Rio Grande , TX 78582	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Jose, A (Dr.) Contributor address; City; State; Zip Code  Rio Grande , TX 78582	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veeramachaneni, Ravindra (Dr.) Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veeramachaneni, Ravindra (Dr.) 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: 119/128 Rpt: 122/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Carlos Ian (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$38.24
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Carlos Ian (Mr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$38.24
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Efraim (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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Efraim (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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Oscar Rene (Mr.) <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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 120/128 Rpt: 123/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Oscar Rene (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Susana (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Susana (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velazquez, Orlando (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velazquez, Orlando (Mr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$10.00
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: 121/128 Rpt: 124/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velazquez, Rolando (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Raymondville, TX 78580	<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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velazquez, Rolando (Mr.) <hr/> Contributor address; City; State; Zip Code  Raymondville, TX 78580	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Eloy (Mr.) <hr/> Contributor address; City; State; Zip Code  rio Grande City, TX 78582	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Eloy (Mr.) <hr/> Contributor address; City; State; Zip Code  rio Grande City, TX 78582	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Rose Maria (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$250.00
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: 122/128 Rpt: 125/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Rose Maria (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Veronica (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$224.44
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Veronica (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$224.44
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Victor (Dr.) <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$90.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Victor (Dr.) <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$90.00
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: 123/128 Rpt: 126/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Gustavo (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$112.22
<b>8</b> Principal occupation / Job title (See Instructions) private investor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Gustavo (Mr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$112.22
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villescas III, Gavino M. (Mr.) <hr/> Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$56.11
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villescas III, Gavino M. (Mr.) <hr/> Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$56.11
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viswamitra, Saroje (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$1,000.00
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: 124/128 Rpt: 127/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viswamitra, Saroje (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Ray (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Ray (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) private business owner		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Ann (Dr.) <hr/> Contributor address; City; State; Zip Code  Palmhurst, TX 78573	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Ann (Dr.) <hr/> Contributor address; City; State; Zip Code  Palmhurst, TX 78573	Amount of Contribution (\$)  \$10.00
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: 125/128 Rpt: 128/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Teresa (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Teresa (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woloski, Deborah (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woloski, Deborah (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Antonio (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)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 126/128 Rpt: 129/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Antonio (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yanez, Sandra (Ms.) <hr/> Contributor address; City; State; Zip Code  Alton, TX 78573	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yanez, Sandra (Ms.) <hr/> Contributor address; City; State; Zip Code  Alton, TX 78573	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) private investor		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarra, Subbarao (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarra, Subbarao (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
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: 127/128 Rpt: 130/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamir, Asif (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)
Date 07/01/2025	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 07/18/2025	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 07/01/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 128/128 Rpt: 131/136
<b>2</b> FILER NAME Border Health PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zayed, Fuad (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alton, TX 78573	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) physician		<b>9</b> Employer (See Instructions) self-employed

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 132/136	<b>2</b> FILER NAME Border Health PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/01/2025	<b>5</b> Payee name Becerra, Xavier (Mr.)	
<b>6</b> Amount (\$) \$39,200.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12655 W Jefferson  Los Angeles, CA 90066	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Becerra, Xavier (Mr.)	Office sought governor of california  Office held
Date 06/30/2025	Payee name Huffman, Joan (The Honorable)	
Amount (\$) \$50,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 129 Circle Way Suite 101  Lake Jackson, TX 77566	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Huffman, Joan (Sen.)	Office sought  Office held State Senator District 17
Date 07/16/2025	Payee name Leo, Lita (Ms.)	
Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2810 S. Business Hwy 281  Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Leo, Lita (Ms.)	Office sought  Office held Hidalgo County Treasurer

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 133/136	<b>2</b> FILER NAME Border Health PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 06/27/2025	<b>5</b> Payee name Patrick, Dan (Mr.)	
<b>6</b> Amount (\$) \$150,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code p.o. box 12068  Austin, TX 78711	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Patrick, Dan (Lt. Gen.)	Office sought  Office held Lieutenant Governor
Date 06/30/2025	Payee name Quintanilla, Omar (Mr.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1300 Houston Avenue  McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Quintanilla, Omar (Mr.)	Office sought City of McAllen - City  Office held
Date 06/27/2025	Payee name Zaffirini, Judith (Sen.)	
Amount (\$) \$25,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1407 Washington Street  Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Zaffirini, Judith (Sen.)	Office sought  Office held State Senator District 21

# 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: 1/2 Rpt:	<b>2</b> FILER NAME Border Health PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00055547
<b>4</b> Date 07/10/2025	<b>5</b> Payee name Corner Stone Cafe	
<b>6</b> Amount (\$) 8,654.88 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 1105 W. Trenton  edinburg, TX 78539	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) meals/beverage expenditure for membership meeting
Date 06/30/2025	Payee name Fishing For Hope/ Hope Family Health Center	
Amount (\$) 8,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2332 Jordan  McAllen, TX 78503	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (See instructions regarding type of information required.) donation
Date 06/30/2025	Payee name Just Energy	
Amount (\$) 242.84 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O.Box650518  Dallas, TX 75265	
<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 electricity expenditure
Date 06/30/2025	Payee name Lone Star National Bank	
Amount (\$) 43.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip p.o. box 1127  pharr, TX 78577	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) bank service fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547
4 Date 07/21/2025	5 Payee name Water Tower Village, Ltd	
6 Amount (\$)  1,331.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5221 N McColl Road  McAllen, TX 78502	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) lease rent expenditure

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 1/1 Rpt: 136/136

2 FILER NAME  
Border Health PAC

3 Filer ID (Ethics Commission Filers)  
00055547

4 Date  
06/30/2025

5 Name of person from whom amount is received  
Lone Star National Bank

8 Amount (\$)  
\$414.38

6 Address of person from whom amount is received; City; State; Zip Code

mcallen, TX 78502

7 Purpose for which amount is received

☐ Check if political contribution returned to filer