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: 72

3 COMMITTEE NAME: Border Health PAC

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 11/05/2025

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: Mr.
FIRST: Ernie
MI:
NICKNAME:
LAST: Perez
SUFFIX:

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

- [X] Monthly
- [ ] 10th day after campaign treasurer termination
- [ ] Dissolution (Attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE

- [ ] January 5
- [ ] February 5
- [ ] March 5
- [ ] April 5
- [ ] May 5
- [ ] June 5
- [ ] July 5
- [ ] August 5
- [ ] September 5
- [ ] October 5
- [X] November 5
- [ ] December 5

11 PERIOD COVERED
Month Day Year: 09/26/2025
THROUGH
Month Day Year: 10/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Border Health PAC	00055547

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ check here if this report qualifies for the higher itemization threshold	$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 71,606.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 22,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 530,875.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

16 AFFIDAVIT

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

Mr. Ernie Perez

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

SUBTOTALS - MPAC

FORM MPAC
COVER SHEET PG 3

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
Border Health PAC	00055547

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 71,606.97
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$**
4.	[ ]	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
5.	[ ]	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
6.	[ ]	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
7.	[ ]	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
8.	[ ]	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
9.	[ ]	SCHEDULE E: LOANS	**$**
10.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 22,500.00
11.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
12.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
13.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$**
14.	[X]	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 43,761.62
15.	[X]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$** 380.78

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/64 Rpt: 4/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Ilinas-Cepeda, Jose Alejandro (Dr.)	$80.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Aboujamous, Riad (Mr.)	$25.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Abreu, Charity (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Agapito, Adrian (Dr.)	$7.43
	Contributor address; City; State; Zip Code: Pharr, TX 78577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self-employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Ahmed, Adnam (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/64 Rpt: 5/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Alam, Golam (Dr.)	$20.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78503	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Alexander, Justin (Mr.)	$18.70
	Contributor address; City; State; Zip Code: Harlingen, TX 78550	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Alhroob, Assad (Dr.)	$20.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Ali, Sardar (Mr.)	$50.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Private investor	self employed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Aliseda, Ernest (Mr.)	$60.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Private Investor	Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/64 Rpt: 6/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Allan, Tareq (Mr.)	$56.11
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Almedia, Hillary (Dr.)	$56.11
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Almedia, Hillary (Dr.)	$75.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Alsabagh, Mourad (Dr.)	$250.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Alvarez, Michelle (Ms.)	$5.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/64 Rpt: 7/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Apolinario, Jumar (Dr.)	$100.00
	6 Contributor address; City; State; Zip Code: Mission, TX 78572	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Aquino, Edwardo (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Arafat, Numan (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Aranguena Sharpe, Gudadalupe (Dr.)	$100.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Arellano-Rodriguez, Anabel (Ms.)	$7.43
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/64 Rpt: 8/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Arrazola, Pedro (Dr.)	$250.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Asase, Danilo (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Brownsville, TX 78526	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Asistores, Marilyn (Dr.)	$75.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Asuage, Juan (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Aude, Wady (Dr.)	$25.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 6/64 Rpt: 9/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Avelino, Arturo (Mr.)	$74.81
	6 Contributor address; City; State; Zip Code: McAllen, TX 78503	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Badiga, Murthy (Dr.)	$250.00
	Contributor address; City; State; Zip Code: Weslaco, TX 78596	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Barreda Jr., Raul (Dr.)	$10.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Barrera, Marcos (Mr.)	$125.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private business owner	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Barrera, Richard (Dr.)	$210.31
	Contributor address; City; State; Zip Code: Mission, TX 78573	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 7/64 Rpt: 10/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Bazan, Johnny (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Mission, TX 78572	
8 Principal occupation / Job title (See Instructions): Doctor	**9** Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Bejarano, Jose (Dr.)	$191.19
	Contributor address; City; State; Zip Code: McAllen, TX 78504	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): self-employed	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Bernini, Juan (Dr.)	$250.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Bose, Ashley (Dr.)	$50.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Bose, Sarojini (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 8/64 Rpt: 11/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Bracamontes, Yvonne (Dr.)	$100.00
	6 Contributor address; City; State; Zip Code: Mission, TX 78572	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Cadena, Sandra (Ms.)	$5.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Private Investor	Self-employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Canales, Ricardo (Dr.)	$200.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Canals, Desi (Dr.)	$25.00
	Contributor address; City; State; Zip Code: Mission, TX 78573	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Cantu, Alonzo (Mr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private business owner	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 9/64 Rpt: 12/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Cantu, David (Mr.)	$30.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Cantu, Leonel (Dr.)	$200.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Cantu, Melissa (Ms.)	$100.00
	Contributor address; City; State; Zip Code: Pharr, TX 78577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Caporusso, Joseph M. (Dr.)	$50.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Cardenas, Carlos J. (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 10/64 Rpt: 13/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Cardenas, Simon (Mr.)	$5.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Carreras, Jose (Dr.)	$800.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Castaneda, Marissa (Ms.)	$50.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Castillo, James (Dr.)	$57.36
	Contributor address; City; State; Zip Code: Harlingen, TX 78550	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Castillo, Melany (Dr.)	$112.40
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 11/64 Rpt: 14/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Cavazos - Salas, Norma (Dr.)	$100.00
	6 Contributor address; City; State; Zip Code: Mission, TX 78572	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dr.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Changlani, Mahesh (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Chavez Paz, Juan (Dr.)	$25.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	self-employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Chen, Di (Dr.)	$50.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Cherian, Ally (Ms.)	$20.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 12/64 Rpt: 15/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Cooper-Dockery, Dona (Dr.)	$125.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
M.D	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Cordoba-Kissee, Michelle (Dr.)	$20.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
78542	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Coronado Garcia, Aida (Ms.)	$19.12
	Contributor address; City; State; Zip Code: Brownsville, TX 78526	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Cortes, Oscar (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Cortinas, Guillermo A. (Dr.)	$150.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 13/64 Rpt: 16/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Cortinas, Javier (Dr.)	$250.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dr.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Cruz, Edgar (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Daley, Hearther (Dr.)	$25.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	De Gorondo Arzamendi, Antonio (Dr.)	$25.00
	Contributor address; City; State; Zip Code: Mission , TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	Self-employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Deanda, David (Mr.)	$1,000.00
	Contributor address; City; State; Zip Code: Mission, TX 78574	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 14/64 Rpt: 17/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Del Bosque, Oscar (Mr.)	$100.00
	6 Contributor address; City; State; Zip Code: Edinburg, TX 78539	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Desai, Parul (Dr.)	$125.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Divino, Haydee T. (Ms.)	$20.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Duran, Alberto (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: Mission, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Ebreo, Ellie (Ms.)	$37.41
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 15/64 Rpt: 18/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Echols, Minerva (Ms.)	$20.00
	6 Contributor address; City; State; Zip Code: Pharr, TX 78577	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Espinoza, Manuel (Dr.)	$149.63
	Contributor address; City; State; Zip Code: Harlingen, TX 78550	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Falcon, Antonio (Dr.)	$200.00
	Contributor address; City; State; Zip Code: Rio Grande, TX 78582	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Falcon, Maria Elena (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Flores, Melissa (Ms.)	$25.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78542	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 16/64 Rpt: 19/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Forse, Armour (Dr.) **6** Contributor address; City; State; Zip Code: McAllen, TX 78503	$100.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Francis, Mary (Ms.) Contributor address; City; State; Zip Code: McAllen, TX 78503	$114.71

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Galindo, Eugenio (Dr.) Contributor address; City; State; Zip Code: McAllen, TX 78504	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Garcia, Carlos (Dr.) Contributor address; City; State; Zip Code: McAllen, TX 78504	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Garcia, Cynthia (Dr.) Contributor address; City; State; Zip Code: Harlingen, TX 78550	$200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 17/64 Rpt: 20/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Garcia, Elvin (Dr.)	$1,000.00
	6 Contributor address; City; State; Zip Code: Weslaco, TX 78596	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dr.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Garcia, Nancy (Ms.)	$20.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Garcia, Norma A. (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Garcia, Oscar (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Garcia, Pamela (Ms.)	$15.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 18/64 Rpt: 21/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Garcia, Ricardo (Dr.)	$150.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Garcia, Samuel (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Garcia Lopez, Javier (Mr.)	$15.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Garza, Edwardo (Mr.)	$9.56
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Garza, Gavino (Mr.)	$18.70
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 19/64 Rpt: 22/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Garza, Jaime (Dr.)	$1,000.00
	6 Contributor address; City; State; Zip Code: Edinburg, TX 78539	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Garza, Jesus (Dr.)	$150.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Garza, Joaquin (Mr.)	$10.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Garza, Jose Rene (Mr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private business owner	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Garza, Kareena (Mrs.)	$3.82
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 20/64 Rpt: 23/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Garza, Martin (Dr.)	$50.00
	6 Contributor address; City; State; Zip Code: Linn, TX 78563	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Garza Jr, Ruben (Mr.)	$5.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Gelman, Lawrence (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: mcallen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Giraldo, Alvaro (Dr.)	$100.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Gomez, Felipe (Dr.)	$75.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 21/64 Rpt: 24/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Gomez, Juan Pablo (Dr.)	$200.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Gomez, Marco (Mr.)	$50.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Gomez-Martinez, Marissa (Dr.)	$20.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Gonzales, Elizabeth Ann (Ms.)	$3.82
	Contributor address; City; State; Zip Code: Alamo, TX 78516	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Gonzalez, Ada (Mrs.)	$84.44
	Contributor address; City; State; Zip Code: Alamo, TX 78516	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private business owner	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 22/64 Rpt: 25/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Gonzalez, Aida (Ms.)	$5.00
	6 Contributor address; City; State; Zip Code: Edinburg, TX 78542	
8 Principal occupation / Job title (See Instructions): private investor	**9** Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Gonzalez, Alfredo	$50.00
	Contributor address; City; State; Zip Code: Pharr, TX 78577	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Gonzalez, Jaime A. (Mr.)	$1,000.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	
Principal occupation / Job title (See Instructions): private business owner	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Gonzalez, Jesus (Mr.)	$25.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78542	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Gonzalez, Roberto (Dr.)	$25.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 23/64 Rpt: 26/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor	**7** Amount of Contribution ($)
10/17/2025	Gonzalez Jr, Alfonso (Mr.) ☐ out-of-state PAC (ID#:_____)	$10.00
	6 Contributor address; City; State; Zip Code: Brownsville, TX 78521	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor	Amount of Contribution ($)
10/17/2025	Griego, Enrique (Dr.) ☐ out-of-state PAC (ID#:_____)	$1,000.00
	Contributor address; City; State; Zip Code: Pharr, TX 78577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
M.D.	

Date	Full name of contributor	Amount of Contribution ($)
10/17/2025	Guadarrama, Delisa (Dr.) ☐ out-of-state PAC (ID#:_____)	$112.22
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor	Amount of Contribution ($)
10/17/2025	Guardia, Juan A. (Dr.) ☐ out-of-state PAC (ID#:_____)	$500.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor	Amount of Contribution ($)
10/17/2025	Guerra, Daniel (Dr.) ☐ out-of-state PAC (ID#:_____)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 24/64 Rpt: 27/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor	**7** Amount of Contribution ($)
10/17/2025	Guerra, Ernesto (Mr.) ☐ out-of-state PAC (ID#:_____)	$74.81
	6 Contributor address; City; State; Zip Code: McAllen, TX 78502	
8 Principal occupation / Job title (See Instructions): private business owner	**9** Employer (See Instructions)	

Date	Full name of contributor	Amount of Contribution ($)
10/17/2025	Guerra, R.Marcy (Dr.) ☐ out-of-state PAC (ID#:_____)	$250.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78541	
Principal occupation / Job title (See Instructions): Dr.	Employer (See Instructions)	

Date	Full name of contributor	Amount of Contribution ($)
10/17/2025	Gummadi, Sarada (Dr.) ☐ out-of-state PAC (ID#:_____)	$25.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions)	

Date	Full name of contributor	Amount of Contribution ($)
10/17/2025	Gutierrez, Marco (Dr.) ☐ out-of-state PAC (ID#:_____)	$1,000.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions)	

Date	Full name of contributor	Amount of Contribution ($)
10/17/2025	Gutierrez, Miguel (Dr.) ☐ out-of-state PAC (ID#:_____)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	
Principal occupation / Job title (See Instructions): Dr.	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 25/64 Rpt: 28/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Guzman, Eduardo (Dr.)	$50.00
	6 Contributor address; City; State; Zip Code: Penitas, TX 78504	
8 Principal occupation / Job title (See Instructions): Doctor	**9** Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Haddad, Roberto (Mr.)	$10.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	
Principal occupation / Job title (See Instructions): Private Investor	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Haddad, Victor (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Hance, Courtney (Ms.)	$5.00
	Contributor address; City; State; Zip Code: Harlingen, TX 78552	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Hensler, Blake (Mr.)	$25.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 26/64 Rpt: 29/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Hensler, Monique (Ms.)	$25.00
	6 Contributor address; City; State; Zip Code: Edinburg, TX 78539	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Hernandez, Ambrosio (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: San Juan, TX 78589	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Hernandez, Cristela (Dr.)	$200.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Hernandez, Lisa (Ms.)	$20.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Hernandez, Max (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 27/64 Rpt: 30/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Hinojosa, Martha (Ms.)	$10.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Honrubia, Dynio (Dr.)	$150.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Honrubia, Vincent (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Iglesias, Norma (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Igoa, Jose (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 28/64 Rpt: 31/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Irigoyen, Fructuoso (Dr.)	$200.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78501	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Jelinek, Michael T (Dr.)	$191.19
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Jimenez-Flores, Danielle (Dr.)	$200.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Joule, Donna-Gail (Dr.)	$25.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Kalaf, Nelson (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: Mcallen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 29/64 Rpt: 32/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Kanhere, Gauri (Dr.)	$250.00
	6 Contributor address; City; State; Zip Code: Rio Grande, TX 78582	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Khademi, Kambiz (Mr.)	$40.00
	Contributor address; City; State; Zip Code: McAllen, TX 78502	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Khan, Muhammad (Dr.)	$20.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Kiani, Gholam (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Kotaki, Mohammad H. (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 30/64 Rpt: 33/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Lares, Irene (Ms.)	$10.00
	6 Contributor address; City; State; Zip Code: Edinburg, TX 78539	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Lazaro, Fernando (Mr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Leal, Ramiro (Dr.)	$50.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Ledesma, Raul (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Lema, Rodrigo (Dr.)	$200.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 31/64 Rpt: 34/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Lerma Jr., Ricardo (Mr.)	$10.00
	6 Contributor address; City; State; Zip Code: Mercedes, TX 78570	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Levine, Lyuba (Dr.)	$93.52
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Limas, Flor (Dr.)	$57.36
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Lin, Rick (Dr.)	$25.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Linan, Enrique (Dr.)	$25.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 32/64 Rpt: 35/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Lineberger, Dale (Mr.)	$1,000.00
	6 Contributor address; City; State; Zip Code: Manchaca, TX 78652	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Lizcano, Mario (Mr.)	$5.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Loggiodice, Nelson (Mr.)	$30.00
	Contributor address; City; State; Zip Code: Pharr, TX 78577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Loja, Wilmer (Dr.)	$100.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Lopez, Jose (Dr.)	$56.11
	Contributor address; City; State; Zip Code: Palmhurst, TX 78573	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 33/64 Rpt: 36/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Lopez, Pamela (Ms.)	$25.00
	6 Contributor address; City; State; Zip Code: Pharr, TX 78577	
8 Principal occupation / Job title (See Instructions): private investor	**9** Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Lopez Jr., Alfredo (Dr.)	$100.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	
Principal occupation / Job title (See Instructions): Dr	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Lozano, Rodolfo (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: Mission, TX 78574	
Principal occupation / Job title (See Instructions): Dr.	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Lozano, Sergio (Mr.)	$25.00
	Contributor address; City; State; Zip Code: Weslaco, TX 78596	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Mabulac, Deborah (Ms.)	$19.12
	Contributor address; City; State; Zip Code: Edinburg, TX 78541	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 34/64 Rpt: 37/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Malcom, Javier (Mr.)	$10.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Mangi, Salil (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Mangoo-Karim, Robert (Dr.)	$125.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Manoharan, Paulrajan (Dr.)	$100.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Manrique, Carlos (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 35/64 Rpt: 38/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Marichalar, Luis (Mr.)	$250.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Private Investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Marina, Jose Mario (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Mission, TX 78573	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Marquez, Luis A. (Mr.)	$5.00
	Contributor address; City; State; Zip Code: Harlingen, TX 78552	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Martinez, Ricardo (Dr.)	$250.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	Self-employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Mata, Nelson (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 36/64 Rpt: 39/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Mathavan, Rajeen (Dr.)	$38.24
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	McNutt, Kimberly (Ms.)	$25.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Medina, Bertha (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Medina, Javier (Dr.)	$250.00
	Contributor address; City; State; Zip Code: Mission, TX 78574	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
M.D.	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Medina, Lorena (Ms.)	$5.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 37/64 Rpt: 40/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Medina, Martha Carmen (Ms.)	$100.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Mego, Carlos (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Mendez, Oscar (Dr.)	$187.04
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Mendez, Salvador (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Mercado, Manuel (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 38/64 Rpt: 41/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Meyer, Scott (Mr.)	$35.00
	6 Contributor address; City; State; Zip Code: Mission, TX 78572	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Milano, Emil (Dr.)	$100.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Milov, Simon (Dr.)	$50.00
	Contributor address; City; State; Zip Code: Harlingen, TX 78552	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Mirmohammadi, Rowena (Ms.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Mitchell, Jo Ann (Dr.)	$9.35
	Contributor address; City; State; Zip Code: McAllen, TX 78502	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 39/64 Rpt: 42/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Mohamed, Samira (Dr.)	$50.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions): Doctor	**9** Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Mohme, Ruben (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Montes, Jorge A. (Dr.)	$25.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Montes, Laura (Dr.)	$25.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Morales, Carlos E (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 40/64 Rpt: 43/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Moreno, Juan (Mr.)	$15.00
	6 Contributor address; City; State; Zip Code: Alton, TX 78574	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Moreno, Leonel (Dr.)	$250.00
	Contributor address; City; State; Zip Code: Mission, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Mulukutla, Surya Narayan (Dr.)	$50.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Munoz, Roberto (Dr.)	$112.22
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Nagaraj, Namitha (Dr.)	$25.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 41/64 Rpt: 44/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Nunez, Zoraly (Ms.)	$275.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78503	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Ochoa, Esmeralda (Mrs.)	$7.48
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Ochoa, Kristy (Ms.)	$10.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Ogunlana, Victor (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Ohabor, Chioma (Ms.)	$50.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Private Investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 42/64 Rpt: 45/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor	**7** Amount of Contribution ($)
10/17/2025	Ohabor, Constantine (Ms.)	$10.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions): Private Investor	**9** Employer (See Instructions)	

Date	Full name of contributor	Amount of Contribution ($)
10/17/2025	Olgin, Gaudencio (Dr.)	$125.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	
Principal occupation / Job title (See Instructions): physician	Employer (See Instructions)	

Date	Full name of contributor	Amount of Contribution ($)
10/17/2025	Oliveira, Noel E (Dr.)	$250.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions)	

Date	Full name of contributor	Amount of Contribution ($)
10/17/2025	Orfanos, John (Dr.)	$400.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions)	

Date	Full name of contributor	Amount of Contribution ($)
10/17/2025	Orozco, Jorge (Mr.)	$5.00
	Contributor address; City; State; Zip Code: Pharr, TX 78577	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 43/64 Rpt: 46/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Otero, Fernando (Dr.)	$1,000.00
	6 Contributor address; City; State; Zip Code: mcallen, TX 78502	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Owen, Kip (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Ozuna, Ronnie (Mr.)	$9.57
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Padilla, Maritza (Ms.)	$74.81
	Contributor address; City; State; Zip Code: Weslaco, TX 78599	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Palacios, Esteban (Mr.)	$50.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78540	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 44/64 Rpt: 47/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Palacios Merchan, Juan Diego (Dr.)	$75.00
	6 Contributor address; City; State; Zip Code: Edinburg, TX 78539	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Palimar, P (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Pechero, Guillermo (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dr.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Pena, Diamantina (Ms.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Pena, Priscilla (Ms.)	$5.00
	Contributor address; City; State; Zip Code: Mission, TX 78574	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 45/64 Rpt: 48/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/17/2025	Pena, Victor (Mr.) Mission, TX 78574	$5.00	private investor	
10/17/2025	Peralez, Rosie (Ms.) Edinburg, TX 78539	$5.00	Private Investor	
10/17/2025	Perez, Ernie (Mr.) McAllen, TX 78502-5360	$200.00	private business owner	
10/17/2025	Perez, Florencia McAllen, TX 78503	$100.00	Doctor	
10/17/2025	Perez, Francisco (Dr.) Edinburg, TX 78539	$50.00	Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 46/64 Rpt: 49/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Perez, Guillermo (Dr.)	$1,000.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78501	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Perez, Nina (Ms.)	$10.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Peynado, Herrietta (Ms.)	$28.68
	Contributor address; City; State; Zip Code: Mercedes, TX 78570	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Pierre-Louise, Michael (Dr.)	$50.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self-employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Pillai, Revi (Mr.)	$9.56
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 47/64 Rpt: 50/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Prieto-Harris, Roberto (Dr.)	$50.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Puttagunta, Sobha (Ms.)	$10.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Quach, Tin (Dr.)	$5.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Rafols, Rafael (Dr.)	$25.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician/Self-employeed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Ramirez, Luis (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 48/64 Rpt: 51/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Ramos, Thelma (Ms.)	$15.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private business owner	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Rangel, Soraya (Mr.)	$5.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Reddy, Vangala J (Dr.)	$200.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Rios, Adriana (Ms.)	$10.00
	Contributor address; City; State; Zip Code: Weslaco, TX 78599	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Rios Jr, Jesus (Mr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 49/64 Rpt: 52/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Rivera, Jaime (Ms.)	$3.32
	6 Contributor address; City; State; Zip Code: Edinburg, TX 78539	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Rivera - menchaca, Jennifer (Ms.)	$10.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Robalino, Benjamin (Dr.)	$350.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Robles, Luis H. (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Brownsville, TX 78520	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Rodriguez, Edgar (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 50/64 Rpt: 53/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Rodriguez, Ofelia (Dr.)	$1,000.00
	6 Contributor address; City; State; Zip Code: Mcallen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Rodriguez, Sergio (Dr.)	$18.75
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Rodriguez-Ayala, Heriberto (Dr.)	$56.11
	Contributor address; City; State; Zip Code: McAllen, TX 78502	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Rodriguez-Rico, Daniella (Dr.)	$429.43
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Ruiz, Henry (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 51/64 Rpt: 54/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Ruiz, Rosalva (Ms.)	$10.00
	6 Contributor address; City; State; Zip Code: Pharr, TX 78577	
8 Principal occupation / Job title (See Instructions): private investor	**9** Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Saenz, Elvia (Ms.)	$1,000.00
	Contributor address; City; State; Zip Code: Mcallen, TX 78504	
Principal occupation / Job title (See Instructions): private business owner	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Saenz, J.J (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Saenz, Javier (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Saenz, Jennifer (Ms.)	$25.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 52/64 Rpt: 55/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Saenz, Jessica (Ms.)	$25.00
	6 Contributor address; City; State; Zip Code: Mcallen, TX 78502	
8 Principal occupation / Job title (See Instructions): Private investor	**9** Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Saenz, Vanessa (Ms.)	$10.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78541	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Saffels, Nathan (Mr.)	$10.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Safir, Larry (Mr.)	$250.00
	Contributor address; City; State; Zip Code: Mcallen, TX 78503	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Saladino, Nicole (Ms.)	$5.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 53/64 Rpt: 56/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Saldivar, Aida (Ms.)	$10.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions): private investor	**9** Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Salinas, Annabelle (Ms.)	$5.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Salinas, Mariano (Dr.)	$150.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	
Principal occupation / Job title (See Instructions): Dr.	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Salinas, Miguel A. (Mr.)	$10.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Salinas, Samuel (Mr.)	$10.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 54/64 Rpt: 57/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Sanchez, Elisa Garza (Dr.)	$125.00
	6 Contributor address; City; State; Zip Code: Mission, TX 78572	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Sanchez, Richard (Dr.)	$149.63
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Sandoval, Gilberto (Mr.)	$10.00
	Contributor address; City; State; Zip Code: Brownsville, TX 78520	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Sandoval, Oscar (Mr.)	$25.00
	Contributor address; City; State; Zip Code: Edcouch, TX 78538	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Sarmiento Cano, Juan P. Javier (Dr.)	$50.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 55/64 Rpt: 58/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Seas, Manuel (Dr.)	$250.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Serna, Samuel (Dr.)	$100.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Shuaib, Tawid (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Siberman, Herschi (Dr.)	$200.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Siedow, Stephen (Dr.)	$25.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 56/64 Rpt: 59/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Sifuentes, Pamela (Ms.)	$15.00
	6 Contributor address; City; State; Zip Code: Weslaco, TX 78596	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Singh, Manish (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Solis, Hilda (Ms.)	$25.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Soto, Hector (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Sustaita, Raul (Mr.)	$25.00
	Contributor address; City; State; Zip Code: Donna, TX 78537	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 57/64 Rpt: 60/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Swarup, Jyothi (Dr.)	$100.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions): Doctor	**9** Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Tamez, Daniel (Mr.)	$3.82
	Contributor address; City; State; Zip Code: Alton, TX 78573	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Tey, Alejandro (Dr.)	$250.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	
Principal occupation / Job title (See Instructions): M.D.	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Tharp, Maribel (Ms.)	$15.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Tijerina, Erica (Ms.)	$20.00
	Contributor address; City; State; Zip Code: Pharr, TX 78577	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 58/64 Rpt: 61/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Tovar, Sandra (Ms.)	$10.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Trejo, Jose (Mr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private business owner	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Trevino, Ernesto	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Trevino, Kyara J. (Ms.)	$5.00
	Contributor address; City; State; Zip Code: La Joya, TX 78560	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Turley, Susan (Mrs.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private business owner	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 59/64 Rpt: 62/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Twahiwa, Marcel (Dr.)	$250.00
	6 Contributor address; City; State; Zip Code: Mission, TX 78572	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Uribe, Lourdes (Dr.)	$50.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Valladares, Teresa (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
M.D	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Vasquez, Jose, A (Dr.)	$250.00
	Contributor address; City; State; Zip Code: Rio Grande , TX 78582	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Veeramachaneni, Ravindra (Dr.)	$25.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 60/64 Rpt: 63/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Vela, Carlos Ian (Mr.)	$38.24
	6 Contributor address; City; State; Zip Code: Edinburg, TX 78539	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Vela, Efraim (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Vela, Oscar Rene (Mr.)	$10.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Vela, Susana (Ms.)	$10.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Velazquez, Orlando (Mr.)	$10.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private investor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 61/64 Rpt: 64/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Velazquez, Rolando (Mr.)	$10.00
	6 Contributor address; City; State; Zip Code: Raymondville, TX 78580	
8 Principal occupation / Job title (See Instructions): private investor	**9** Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Vera, Eloy (Mr.)	$100.00
	Contributor address; City; State; Zip Code: rio Grande City, TX 78582	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Villarreal, Rose Maria (Ms.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Villarreal, Victor (Dr.)	$90.00
	Contributor address; City; State; Zip Code: Pharr, TX 78577	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Villegas, Gustavo (Mr.)	$112.22
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 62/64 Rpt: 65/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Villescas III, Gavino M. (Mr.) **6** Contributor address; City; State; Zip Code: San Juan, TX 78589	$56.11

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Viswamitra, Saroje (Dr.) Contributor address; City; State; Zip Code: McAllen, TX 78504	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Walker, Ray (Mr.) Contributor address; City; State; Zip Code: McAllen, TX 78504	$250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
private business owner	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Wang, Ann (Dr.) Contributor address; City; State; Zip Code: Palmhurst, TX 78573	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Wilson, Teresa (Dr.) Contributor address; City; State; Zip Code: McAllen, TX 78504	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 63/64 Rpt: 66/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Woloski, Deborah (Ms.)	$20.00
	6 Contributor address; City; State; Zip Code: Mission, TX 78572	
8 Principal occupation / Job title (See Instructions): private investor	**9** Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Wong, Antonio (Dr.)	$250.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Yanez, Sandra (Ms.)	$25.00
	Contributor address; City; State; Zip Code: Alton, TX 78573	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Yarra, Subbarao (Dr.)	$100.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Zamir, Asif (Dr.)	$250.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	
Principal occupation / Job title (See Instructions): doctor	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 64/64 Rpt: 67/72

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Zamora, Maria Luisa (Ms.)	$10.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
private investor	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Zayed, Fuad (Dr.)	$75.00
	Contributor address; City; State; Zip Code: Alton, TX 78573	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 68/72	Border Health PAC	00055547

4 Date	5 Payee name
10/14/2025	Bustos, Hector (Judge)

6 Amount ($)	7 Payee address; City; State; Zip Code
$2,500.00	P.O. Box 1079
☐ Expenditure from corporate funds	Edinburg, TX 78540

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Bustos, Hector (Judge)		City of Edinburg Municipal Court

Date	Payee name
10/21/2025	Gonzalez, Rodulfo (Judge)

Amount ($)	Payee address; City; State; Zip Code
$5,000.00	100 N. Closner
☐ Expenditure from corporate funds	Edinburg, TX 78539

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Gonzalez, Rodulfo (Judge)		Hidalgo County Court at Law #1

Date	Payee name
10/21/2025	Hinojosa, Laura (Ms.)

Amount ($)	Payee address; City; State; Zip Code
$5,000.00	100 N. Closner
☐ Expenditure from corporate funds	Edinburg, TX 78539

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Hinojosa, Laura (Ms.)		Hidalgo County District Clerk

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 69/72	Border Health PAC	00055547

4 Date	5 Payee name
09/29/2025	Munoz, Jaime Jerry (Judge)

6 Amount ($)	7 Payee address; City; State; Zip Code
$2,500.00	300 W. Hall Acres Suite D
☐ Expenditure from corporate funds	Pharr, TX 78577

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Munoz, Jerry (Judge)		Justice of Peace Pct 2 Pl 2

Date	Payee name
09/30/2025	Pena, Jason (Mr.)

Amount ($)	Payee address; City; State; Zip Code
$2,500.00	708 E. Edinburg Suite B
☐ Expenditure from corporate funds	Edinburg, TX 78542

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Pena, Jason (Judge)		Justice of Peace Pct.5, Pl 1

Date	Payee name
10/14/2025	Pena Jr, Juan Jose (Judge)

Amount ($)	Payee address; City; State; Zip Code
$2,500.00	730 N. Breyfogle suite A
☐ Expenditure from corporate funds	Mission, TX 78572

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Pena Jr, Juan Jose (Judge)		Justice of Peace Pct 3 , Pl 2

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.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 70/72	**2** FILER NAME Border Health PAC	**3** Filer ID (Ethics Commission Filers) 00055547
4 Date 10/16/2025	**5** Payee name Villarreal Jr, Tino (Mr.)	
6 Amount ($) $2,500.00 ☐ Expenditure from corporate funds	**7** Payee address; City; State; Zip Code 1001 E. Elizabeth St Brownsville, TX 78520	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Villarreal Jr, Tino (Mr.)	Office sought	Office held Brownsville City Commissioner,

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Border Health PAC	3 Filer ID (Ethics Commission Filers) 00055547

4 Date	5 Payee name	
10/23/2025	Flores, JJ (Mr.)	
6 Amount ($) 2,430.37 ☐ Expenditure from corporate funds	**7** Payee Address; City; State; Zip 612 W. Nolana #415 McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	**(b)** Description (See instructions regarding type of information required.) contract labor
Date 10/01/2025	Payee name HOSPAC	
Amount ($) 10,000.00 ☐ Expenditure from corporate funds	Payee Address; City; State; Zip 1108 Lavaca Suite 700 Austin, TX 78701	
PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	**(b)** Description (See instructions regarding type of information required.) Donation expenditure
Date 10/07/2025	Payee name Water Tower Village, Ltd	
Amount ($) 1,331.25 ☐ Expenditure from corporate funds	Payee Address; City; State; Zip 5221 N McColl Road Mcallen, TX 78502	
PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	**(b)** Description (See instructions regarding type of information required.) office lease expenditure
Date 10/03/2025	Payee name vamos scholarship	
Amount ($) 30,000.00 ☐ Expenditure from corporate funds	Payee Address; City; State; Zip 800 N. Main McAllen, TX 78501	
PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	**(b)** Description (See instructions regarding type of information required.) donation expeniture

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: 72/72

2 FILER NAME
Border Health PAC

3 Filer ID (Ethics Commission Filers)
00055547

4 Date
09/30/2025

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

6 Address of person from whom amount is received; City; State; Zip Code
mcallen, TX 78502

8 Amount ($)
$380.78

7 Purpose for which amount is received
qtrly interest income

☐ Check if political contribution returned to filer