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: 68

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 02/26/2026

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 COMMITTEE NAME: Border Health PAC

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

11 PERIOD COVERED
Month Day Year: 01/26/2026
THROUGH
Month Day Year: 02/25/2026

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Border Health PAC	**13** Filer ID (Ethics Commission Filers) 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)	$ 71,480.07
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 102,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 358,493.67
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	$ 71,480.07
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	$ 102,500.00
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	$ 22,931.25
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 1/63 Rpt: 4/68

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 ($)
02/13/2026	llinas-Cepeda, Jose Alejandro (Dr.) 6 Contributor address; City; State; Zip Code McAllen, TX 78504	$80.00

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 ($)
02/13/2026	Aboujamous, Riad (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	$25.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Abreu, Charity (Dr.) Contributor address; City; State; Zip Code Mission, TX 78572	$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 ($)
02/13/2026	Agapito, Adrian (Dr.) Contributor address; City; State; Zip Code Pharr, TX 78577	$4.99

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 ($)
02/13/2026	Ahmed, Adnam (Dr.) Contributor address; City; State; Zip Code Edinburg, TX 78539	$100.00

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: 2/63 Rpt: 5/68

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 ($)
02/13/2026	Alam, Golam (Dr.)	$20.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions) Doctor	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Alhroob, Assad (Dr.)	$50.00
	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 ($)
02/13/2026	Ali, Sardar (Mr.)	$50.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Private investor	Employer (See Instructions) self employed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Allan, Tareq (Mr.)	$37.41
	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 ($)
02/13/2026	Almedia, Hillary (Dr.)	$75.00
	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: 3/63 Rpt: 6/68

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Almedia, Jose (Dr.) Boerne, TX 78015	$49.88
8 Principal occupation / Job title (See Instructions): physician	9 Employer (See Instructions):	
02/13/2026	Alvarez, Michelle (Ms.) McAllen, TX 78504	$5.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Apolinario, Jumar (Dr.) Mission, TX 78572	$100.00
Principal occupation / Job title (See Instructions): doctor	Employer (See Instructions):	
02/13/2026	Aquino, Edwardo (Dr.) McAllen, TX 78504	$1,000.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Arafat, Numan (Dr.) McAllen, TX 78503	$250.00
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: 4/63 Rpt: 7/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
02/13/2026	Aranguena Sharpe, Gudadalupe (Dr.) McAllen, TX 78504	$100.00	Physician	
02/13/2026	Arellano-Rodriguez, Anabel (Ms.) McAllen, TX 78501	$4.99	private investor	
02/13/2026	Arrazola, Pedro (Dr.) McAllen, TX 78504	$250.00	Doctor	
02/13/2026	Asase, Danilo (Dr.) Brownsville, TX 78526	$100.00	Doctor	
02/13/2026	Asistores, Marilyn (Dr.) Edinburg, TX 78539	$75.00	Doctor	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/63 Rpt: 8/68

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 ($)
02/13/2026	Asuage, Juan (Dr.) 6 Contributor address; City; State; Zip Code McAllen, TX 78504	$250.00

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 ($)
02/13/2026	Aude, Wady (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78501	$25.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Avelino, Arturo (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78503	$49.88

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Badiga, Murthy (Dr.) Contributor address; City; State; Zip Code Weslaco, TX 78596	$250.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Barreda Jr., Raul (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78503	$75.00

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: 6/63 Rpt: 9/68

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Barrera, Marcos (Mr.) McAllen, TX 78504	$125.00

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

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Barrera, Richard (Dr.) Mission, TX 78573	$182.88

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): self-employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Bazan, Johnny (Dr.) Mission, TX 78572	$10.00

Principal occupation / Job title (See Instructions): Doctor

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Bejarano, Jose (Dr.) McAllen, TX 78504	$166.25

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): self-employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Bernini, Juan (Dr.) Mission, TX 78572	$250.00

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: 7/63 Rpt: 10/68

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 ($)
02/13/2026	Bose, Ashley (Dr.)	$50.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78501	
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 ($)
02/13/2026	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):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Bracamontes, Yvonne (Dr.)	$100.00
	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 ($)
02/13/2026	Cadena, Sandra (Ms.)	$5.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	
Principal occupation / Job title (See Instructions): Private Investor	Employer (See Instructions): Self-employed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Canales, Erasto (Dr.)	$500.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	
Principal occupation / Job title (See Instructions): doctor	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 8/63 Rpt: 11/68

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 ($)
02/13/2026	Canales, Ricardo (Dr.) 6 Contributor address; City; State; Zip Code McAllen, TX 78501	$200.00

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 ($)
02/13/2026	Canals, Desi (Dr.) Contributor address; City; State; Zip Code Mission, TX 78573	$25.00

Principal occupation / Job title (See Instructions): Doctor

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Cantu, Alonzo (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	$1,000.00

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 ($)
02/13/2026	Cantu, Leonel (Dr.) Contributor address; City; State; Zip Code Edinburg, TX 78539	$1,000.00

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

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Cantu, Melissa (Ms.) Contributor address; City; State; Zip Code Pharr, TX 78577	$100.00

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: 9/63 Rpt: 12/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Caporusso, Joseph M. (Dr.) McAllen, TX 78501	$50.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Cardenas, Carlos J. (Dr.) McAllen, TX 78501	$1,000.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Cardenas, Simon (Mr.) McAllen, TX 78504	$5.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Carreras, Jose (Dr.) Mission, TX 78572	$1,000.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Castaneda, Marissa (Ms.) Edinburg, TX 78539	$50.00

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: 10/63 Rpt: 13/68

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 ($)
02/13/2026	Castillo, James (Dr.)	$49.87
	6 Contributor address; City; State; Zip Code Harlingen, TX 78550	
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Castillo, Melany (Dr.)	$74.94
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) physician	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Cavazos - Salas, Norma (Dr.)	$100.00
	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 ($)
02/13/2026	Changlani, Mahesh (Dr.)	$1,000.00
	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 ($)
02/13/2026	Chavez Paz, Juan (Dr.)	$25.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions) self-employed	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 11/63 Rpt: 14/68

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 ($)
02/13/2026	Chen, Di (Dr.)	$50.00
	6 Contributor address; City; State; Zip Code Mission, TX 78572	

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 ($)
02/13/2026	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	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Cooper-Dockery, Dona (Dr.)	$125.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	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 ($)
02/13/2026	Coronado Garcia, Aida (Ms.)	$16.62
	Contributor address; City; State; Zip Code Brownsville, TX 78526	

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: 12/63 Rpt: 15/68

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 ($)
02/13/2026	Cortes, Oscar (Dr.)	$350.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Dr.	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Cortinas, Guillermo A. (Dr.)	$150.00
	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 ($)
02/13/2026	Cortinas, Javier (Dr.)	$250.00
	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 ($)
02/13/2026	Cruz, Edgar (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 ($)
02/13/2026	Daley, Hearther (Dr.)	$25.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Dr.	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 13/63 Rpt: 16/68

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 ($)
02/13/2026	De Gorondo Arzamendi, Antonio (Dr.) 6 Contributor address; City; State; Zip Code Mission , TX 78572	$25.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
physician	Self-employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Deanda, David (Mr.) Contributor address; City; State; Zip Code Mission, TX 78574	$1,000.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Del Bosque, Oscar (Mr.) Contributor address; City; State; Zip Code Edinburg, TX 78539	$100.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Desai, Parul (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78504	$225.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Divino, Haydee T. (Ms.) Contributor address; City; State; Zip Code Mission, TX 78572	$20.00

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: 14/63 Rpt: 17/68

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 ($)
02/13/2026	Duran, Alberto (Dr.) 6 Contributor address; City; State; Zip Code Mission, TX 78504	$1,000.00

8 Principal occupation / Job title (See Instructions): Dr

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Ebreo, Ellie (Ms.) Contributor address; City; State; Zip Code McAllen, TX 78504	$24.94

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

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Echols, Minerva (Ms.) Contributor address; City; State; Zip Code Pharr, TX 78577	$20.00

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

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Espinoza, Manuel (Dr.), Manuel (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550	$99.75

Principal occupation / Job title (See Instructions): Doctor

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Falcon, Antonio (Dr.) Contributor address; City; State; Zip Code Rio Grande, TX 78582	$200.00

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: 15/63 Rpt: 18/68

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 ($)
02/13/2026	Falcon, Maria Elena (Dr.)	$250.00
	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 ($)
02/13/2026	Flores, Melissa (Ms.)	$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 ($)
02/13/2026	Forse, Armour (Dr.)	$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) physician	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Francis, Mary (Ms.)	$70.00
	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 ($)
02/13/2026	Galindo, Eugenio (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 16/63 Rpt: 19/68

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 ($)
02/13/2026	Garcia, Carlos (Dr.)	$1,000.00
	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 ($)
02/13/2026	Garcia, Cynthia (Dr.)	$200.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) doctor	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Garcia, Elvin (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Dr.	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Garcia, Nancy (Ms.)	$20.00
	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 ($)
02/13/2026	Garcia, Norma A. (Dr.)	$249.38
	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: 17/63 Rpt: 20/68

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 ($)
02/13/2026	Garcia, Oscar (Dr.)	$1,000.00
	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 ($)
02/13/2026	Garcia, Oscar (Dr.)	$250.00
	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 ($)
02/13/2026	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	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Garcia, Ricardo (Dr.)	$150.00
	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 ($)
02/13/2026	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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 18/63 Rpt: 21/68

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 ($)
02/13/2026	Garza, Edwardo (Mr.)	$9.56
	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 ($)
02/13/2026	Garza, Gavino (Mr.)	$12.47
	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 ($)
02/13/2026	Garza, Jaime (Dr.)	$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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Garza, Jesus (Dr.)	$150.00
	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 ($)
02/13/2026	Garza, Joaquin (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: 19/63 Rpt: 22/68

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	☐ out-of-state PAC (ID#:_____) Garza, Jose Rene (Mr.) McAllen, TX 78504	$1,000.00

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

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	☐ out-of-state PAC (ID#:_____) Garza, Kareena (Mrs.) Edinburg, TX 78539	$3.32

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

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	☐ out-of-state PAC (ID#:_____) Garza, Martin (Dr.) Linn, TX 78563	$50.00

Principal occupation / Job title (See Instructions): Doctor

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	☐ out-of-state PAC (ID#:_____) Garza Jr, Ruben (Mr.) McAllen, TX 78504	$5.00

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

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	☐ out-of-state PAC (ID#:_____) Gelman, Lawrence (Dr.) mcallen, TX 78503	$1,000.00

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: 20/63 Rpt: 23/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Giraldo, Alvaro (Dr.) McAllen, TX 78504	$100.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Gomez, Felipe (Dr.) McAllen, TX 78503	$75.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Gomez, Juan Pablo (Dr.) McAllen, TX 78504	$200.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Gomez, Marco (Mr.) Edinburg, TX 78539	$50.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Gomez-Martinez, Marissa (Dr.) Edinburg, TX 78539	$20.00

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: 21/63 Rpt: 24/68

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 ($)
02/13/2026	Gonzales, Elizabeth Ann (Ms.)	$3.32
	6 Contributor address; City; State; Zip Code Alamo, TX 78516	

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 ($)
02/13/2026	Gonzalez, Ada (Mrs.)	$16.62
	Contributor address; City; State; Zip Code Alamo, TX 78516	

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 ($)
02/13/2026	Gonzalez, Aida (Ms.)	$5.00
	Contributor address; City; State; Zip Code Edinburg, TX 78542	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Gonzalez, Alfredo	$50.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Gonzalez, Jaime A. (Mr.)	$1,000.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	

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: 22/63 Rpt: 25/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Gonzalez, Jesus (Mr.) Edinburg, TX 78542	$25.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Gonzalez, Roberto (Dr.) McAllen, TX 78503	$25.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Griego, Enrique (Dr.) Pharr, TX 78577	$1,000.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Guadarrama, Delisa (Dr.) Edinburg, TX 78539	$120.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Guardia, Juan A. (Dr.) McAllen, TX 78504	$500.00

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: 23/63 Rpt: 26/68

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 ($)
02/13/2026	Guerra, Daniel (Dr.)	$1,000.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78501	
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 ($)
02/13/2026	Guerra, Ernesto (Mr.)	$74.81
	Contributor address; City; State; Zip Code: McAllen, TX 78502	
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 ($)
02/13/2026	Guerra, R.Marcy (Dr.)	$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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Gummadi, Sarada (Dr.)	$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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Gutierres, Marco (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 24/63 Rpt: 27/68

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 ($)
02/13/2026	Gutierrez, Miguel (Dr.)	$250.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78501	
8 Principal occupation / Job title (See Instructions) Dr.	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Guzman, Eduardo (Dr.)	$50.00
	Contributor address; City; State; Zip Code Penitas, 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 ($)
02/13/2026	Haddad, Victor (Dr.)	$10.00
	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 ($)
02/13/2026	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 ($)
02/13/2026	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)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 25/63 Rpt: 28/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Hensler, Blake (Mr.) Edinburg, TX 78539	$25.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Hensler, Monique (Ms.) Edinburg, TX 78539	$25.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Hernandez, Ambrosio (Dr.) San Juan, TX 78589	$1,000.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Hernandez, Cristela (Dr.) Edinburg, TX 78539	$200.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Hernandez, Lisa (Ms.) Edinburg, TX 78539	$20.00

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: 26/63 Rpt: 29/68

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 ($)
02/13/2026	Hernandez, Max (Dr.)	$1,000.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Dr.	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Hinojosa, Martha (Ms.)	$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 ($)
02/13/2026	Honrubia, Dynio (Dr.)	$250.00
	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 ($)
02/13/2026	Honrubia, Vincent (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Dr.	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Iglesias, Norma (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 27/63 Rpt: 30/68

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Igoa, Jose (Dr.) McAllen, TX 78503	$250.00
8 Principal occupation / Job title (See Instructions): Doctor	9 Employer (See Instructions):	
02/13/2026	Irigoyen, Fructuoso (Dr.) McAllen, TX 78501	$200.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Jelinek, Michael T (Dr.) McAllen, TX 78504	$166.25
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Jimenez-Flores, Danielle (Dr.) Mission, TX 78572	$200.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Joule, Donna-Gail (Dr.) McAllen, TX 78501	$25.00
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: 28/63 Rpt: 31/68

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 ($)
02/13/2026	Kanhere, Gauri (Dr.) 6 Contributor address; City; State; Zip Code Rio Grande, TX 78582	$250.00
8 Principal occupation / Job title (See Instructions): Doctor	9 Employer (See Instructions):	
Date: 02/13/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Khademi, Kambiz (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78502	Amount of Contribution ($): $40.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
Date: 02/13/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Khan, Muhammad (Dr.) Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution ($): $40.00
Principal occupation / Job title (See Instructions): physician	Employer (See Instructions):	
Date: 02/13/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Kiani, Gholam (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution ($): $1,000.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
Date: 02/13/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Koduru, Vik (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution ($): $75.00
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: 29/63 Rpt: 32/68

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 ($)
02/13/2026	Lares, Irene (Ms.)	$10.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
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 ($)
02/13/2026	Lazaro, Fernando (Mr.)	$400.00
	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 ($)
02/13/2026	Leal, Ramiro (Dr.)	$50.00
	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 ($)
02/13/2026	Ledesma, Raul (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 ($)
02/13/2026	Lema, Rodrigo (Dr.)	$200.00
	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: 30/63 Rpt: 33/68

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 ($)
02/13/2026	Lerma Jr., Ricardo (Mr.)	$10.00
	6 Contributor address; City; State; Zip Code Mercedes, TX 78570	
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 ($)
02/13/2026	Levine, Lyuba (Dr.)	$62.35
	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 ($)
02/13/2026	Limas, Flor (Dr.)	$57.36
	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 ($)
02/13/2026	Lin, Rick (Dr.)	$25.00
	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 ($)
02/13/2026	Linan, Enrique (Dr.)	$25.00
	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: 31/63 Rpt: 34/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Lineberger, Dale (Mr.) Manchaca, TX 78652	$1,000.00

8 Principal occupation / Job title (See Instructions): private investor

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Lizcano, Mario (Mr.) McAllen, TX 78501	$5.00

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

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Loggiodice, Nelson (Mr.) Pharr, TX 78577	$30.00

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

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Loja, Wilmer (Dr.) McAllen, TX 78503	$100.00

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

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Lopez, Jose (Dr.) Palmhurst, TX 78573	$37.41

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: 32/63 Rpt: 35/68

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 ($)
02/13/2026	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 ($)
02/13/2026	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 ($)
02/13/2026	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 ($)
02/13/2026	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 ($)
02/13/2026	Mabulac, Deborah (Ms.)	$16.62
	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: 33/63 Rpt: 36/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Malcom, Javier (Mr.) McAllen, TX 78504	$10.00
8 Principal occupation / Job title (See Instructions)	**9 Employer (See Instructions)**	
private investor		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Mangi, Salil (Dr.) McAllen, TX 78504	$1,000.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Dr.		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Mangoo-Karim, Robert (Dr.) McAllen, TX 78503	$125.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Doctor		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Manoharan, Paulrajan (Dr.) McAllen, TX 78504	$100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Physician		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Manrique, Carlos (Dr.) Edinburg, TX 78539	$1,000.00
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: 34/63 Rpt: 37/68

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 ($)
02/13/2026	Marina, Jose Mario (Dr.)	$100.00
	6 Contributor address; City; State; Zip Code Mission, TX 78573	
8 Principal occupation / Job title (See Instructions) physician	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Martinez, Ricardo (Dr.)	$250.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Doctor	Employer (See Instructions) Self-employed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Mata, Nelson (Dr.)	$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Dr.	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Mathavan, Rajeen (Dr.)	$38.24
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	McNutt, Kimberly (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: 35/63 Rpt: 38/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Medina, Bertha (Dr.) McAllen, TX 78501	$1,000.00
8 Principal occupation / Job title (See Instructions): Doctor	9 Employer (See Instructions):	
02/13/2026	Medina, Javier (Dr.) Mission, TX 78574	$250.00
Principal occupation / Job title (See Instructions): M.D.	Employer (See Instructions):	
02/13/2026	Medina, Lorena (Ms.) Edinburg, TX 78539	$5.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Medina, Martha Carmen (Ms.) McAllen, TX 78504	$100.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Mego, Carlos (Dr.) McAllen, TX 78501	$1,000.00
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: 36/63 Rpt: 39/68

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 ($)
02/13/2026	Mendez, Oscar (Dr.)	$124.69
	6 Contributor address; City; State; Zip Code Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) physician	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Mendez, Salvador (Dr.)	$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Dr.	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Mercado, Manuel (Dr.)	$250.00
	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 ($)
02/13/2026	Meyer, Scott (Mr.)	$35.00
	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 ($)
02/13/2026	Milano, Emil (Dr.)	$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Doctor	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 37/63 Rpt: 40/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Mireles, Gloria (Dr.) McAllen, TX 78504	$250.00
8 Principal occupation / Job title (See Instructions): Physician	9 Employer (See Instructions):	
Date: 02/13/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____): Mireles, Ruy (Dr.) Contributor address; City; State; Zip Code: McAllen, TX 78502	Amount of Contribution ($): $250.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/13/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____): Mirmohammadi, Rowena (Ms.) Contributor address; City; State; Zip Code: McAllen, TX 78504	Amount of Contribution ($): $250.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
Date: 02/13/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____): Mitchell, Jo Ann (Dr.) Contributor address; City; State; Zip Code: McAllen, TX 78502	Amount of Contribution ($): $9.35
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
Date: 02/13/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____): Mohamed, Samira (Dr.) Contributor address; City; State; Zip Code: McAllen, TX 78504	Amount of Contribution ($): $50.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 38/63 Rpt: 41/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Mohme, Ruben (Dr.) McAllen, TX 78504	$250.00
8 Principal occupation / Job title (See Instructions): Doctor	9 Employer (See Instructions):	
02/13/2026	Montes, Jorge A. (Dr.) Edinburg, TX 78539	$10.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Montes, Laura (Dr.) Edinburg, TX 78539	$10.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Moreno, Juan (Mr.) Alton, TX 78574	$15.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Moreno, Leonel (Dr.) Mission, TX 78503	$250.00
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: 39/63 Rpt: 42/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Mulukutla, Surya Narayan (Dr.) Edinburg, TX 78539	$350.00
8 Principal occupation / Job title (See Instructions): physician	9 Employer (See Instructions):	
02/13/2026	Munoz, Roberto (Dr.) McAllen, TX 78504	$74.81
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Nagaraj, Namitha (Dr.) Mission, TX 78572	$25.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Nunez, Zoraly (Ms.) McAllen, TX 78503	$275.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Ochoa, Esmeralda (Mrs.) Edinburg, TX 78539	$4.99
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: 40/63 Rpt: 43/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Ochoa, Kristy (Ms.) Mission, TX 78572	$10.00

8 Principal occupation / Job title (See Instructions): private investor

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Ogunlana, Victor (Dr.) Mission, TX 78572	$100.00

Principal occupation / Job title (See Instructions): Doctor

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Ohabor, Chioma (Ms.) McAllen, TX 78504	$50.00

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

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Ohabor, Constantine (Ms.) McAllen, TX 78504	$10.00

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

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Olgin, Gaudencio (Dr.) Edinburg, TX 78539	$125.00

Principal occupation / Job title (See Instructions): physician

Employer (See Instructions):

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 41/63 Rpt: 44/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Oliveira, Noel E (Dr.) Mission, TX 78572	$250.00
8 Principal occupation / Job title (See Instructions): Doctor	9 Employer (See Instructions):	
02/13/2026	Orfanos, John (Dr.) McAllen, TX 78503	$200.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Orozco, Jorge (Mr.) Pharr, TX 78577	$5.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Otero, Fernando (Dr.) mcallen, TX 78502	$1,000.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Owen, Kip (Dr.) Mission, TX 78572	$100.00
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: 42/63 Rpt: 45/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Ozuna, Ronnie (Mr.) McAllen, TX 78504	$8.31
8 Principal occupation / Job title (See Instructions): private investor	9 Employer (See Instructions):	
02/13/2026	Padilla, Maritza (Ms.) Weslaco, TX 78599	$49.88
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Palacios, Esteban (Mr.) Edinburg, TX 78540	$50.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Palacios Merchan, Juan Diego (Dr.) Edinburg, TX 78539	$75.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
02/13/2026	Palimar, P (Dr.) McAllen, TX 78504	$1,000.00
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: 43/63 Rpt: 46/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Pechero, Guillermo (Dr.) McAllen, TX 78504	$1,000.00

8 Principal occupation / Job title (See Instructions): Dr.

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Pena, Diamantina (Ms.) McAllen, TX 78504	$1,000.00

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

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Pena, Priscilla (Ms.) Mission, TX 78574	$5.00

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

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Pena, Victor (Mr.) Mission, TX 78574	$5.00

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

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Peralez, Rosie (Ms.) Edinburg, TX 78539	$5.00

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: 44/63 Rpt: 47/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Perez, Ernie (Mr.) McAllen, TX 78502-5360	$200.00
8 Principal occupation / Job title (See Instructions): private business owner	9 Employer (See Instructions):	
02/13/2026	Perez, Florencia McAllen, TX 78503	$100.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Perez, Francisco (Dr.) Edinburg, TX 78539	$50.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Perez, Guillermo (Dr.) McAllen, TX 78501	$1,000.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Perez, Nina (Ms.) Edinburg, TX 78539	$10.00
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: 45/63 Rpt: 48/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Peynado, Herrietta (Ms.) Mercedes, TX 78570	$28.68

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Pierre-Louise, Michael (Dr.) Mission, TX 78572	$50.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Pierre-Louise, Michael (Dr.) Mission, TX 78572	$50.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Pillai, Revi (Mr.) McAllen, TX 78504	$9.56

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Puttagunta, Sobha (Ms.) McAllen, TX 78504	$10.00

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: 46/63 Rpt: 49/68

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 ($)
02/13/2026	Quach, Tin (Dr.)	$5.00
	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 ($)
02/13/2026	Rafols, Rafael (Dr.)	$50.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	
Principal occupation / Job title (See Instructions): Physician/Self-employeed	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Ramirez, Luis (Dr.)	$100.00
	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 ($)
02/13/2026	Ramos, Thelma (Ms.)	$15.00
	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 ($)
02/13/2026	Rangel, Soraya (Mr.)	$5.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503	
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: 47/63 Rpt: 50/68

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	☐ out-of-state PAC (ID#:_____) Reddy, Vangala J (Dr.) McAllen, TX 78504	$200.00
8 Principal occupation / Job title (See Instructions): Doctor	9 Employer (See Instructions):	
02/13/2026	☐ out-of-state PAC (ID#:_____) Rios, Adriana (Ms.) Weslaco, TX 78599	$10.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	☐ out-of-state PAC (ID#:_____) Rios Jr, Jesus (Mr.) McAllen, TX 78504	$250.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	☐ out-of-state PAC (ID#:_____) Rivera, Jaime (Ms.) Edinburg, TX 78539	$3.82
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	☐ out-of-state PAC (ID#:_____) Rivera - menchaca, Jennifer (Ms.) Edinburg, TX 78539	$10.00
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: 48/63 Rpt: 51/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Robalino, Benjamin (Dr.) McAllen, TX 78504	$250.00
8 Principal occupation / Job title (See Instructions): Doctor	9 Employer (See Instructions):	
02/13/2026	Robles, Luis H. (Dr.) Brownsville, TX 78520	$100.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Rodriguez, Edgar (Dr.) Edinburg, TX 78539	$250.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
02/13/2026	Rodriguez, Maria (Ms.) Weslaco, TX 78596	$10.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Rodriguez, Ofelia (Dr.) Mcallen, TX 78504	$1,000.00
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: 49/63 Rpt: 52/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Rodriguez, Sergio (Dr.) McAllen, TX 78504	$18.75
8 Principal occupation / Job title (See Instructions): Physician	9 Employer (See Instructions):	
02/13/2026	Rodriguez-Ayala, Heriberto (Dr.) McAllen, TX 78502	$37.41
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Rodriguez-Rico, Daniella (Dr.) Mission, TX 78572	$200.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Ruiz, Henry (Dr.) McAllen, TX 78504	$1,000.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Ruiz, Rosalva (Ms.) Pharr, TX 78577	$10.00
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: 50/63 Rpt: 53/68

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 ($)
02/13/2026	Saenz, Elvia (Ms.)	$1,000.00
	6 Contributor address; City; State; Zip Code Mcallen, TX 78504	
8 Principal occupation / Job title (See Instructions) private business owner	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	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 ($)
02/13/2026	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 ($)
02/13/2026	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)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	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)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 51/63 Rpt: 54/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Saenz Ledesma, Jessica (Ms.) Mcallen, TX 78502	$25.00
8 Principal occupation / Job title (See Instructions): Private investor	9 Employer (See Instructions):	
02/13/2026	Saffels, Nathan (Mr.) McAllen, TX 78504	$10.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Safir, Larry (Mr.) Mcallen, TX 78503	$250.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Saladino, Nicole (Ms.) Mission, TX 78572	$5.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Saldivar, Aida (Ms.) McAllen, TX 78504	$10.00
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: 52/63 Rpt: 55/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Salinas, Annabelle (Ms.) McAllen, TX 78501	$5.00
8 Principal occupation / Job title (See Instructions): private investor	9 Employer (See Instructions):	
02/13/2026	Salinas, Mariano (Dr.) Mission, TX 78572	$150.00
Principal occupation / Job title (See Instructions): Dr.	Employer (See Instructions):	
02/13/2026	Salinas, Miguel A. (Mr.) McAllen, TX 78503	$9.56
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Salinas, Samuel (Mr.) Mission, TX 78572	$10.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Sanchez, Elisa Garza (Dr.) Mission, TX 78572	$125.00
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: 53/63 Rpt: 56/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Sanchez, Richard (Dr.) McAllen, TX 78504	$54.75
8 Principal occupation / Job title (See Instructions)	**9 Employer (See Instructions)**	
doctor		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Sandoval, Gilberto (Mr.) Brownsville, TX 78520	$10.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
private investor		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Sandoval, Oscar (Mr.) Edcouch, TX 78538	$25.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
private investor		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Sarmiento Cano, Juan P. Javier (Dr.) McAllen, TX 78504	$50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Doctor		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Seas, Manuel (Dr.) McAllen, TX 78504	$250.00
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: 54/63 Rpt: 57/68

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 ($)
02/13/2026	Serna, Samuel (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 ($)
02/13/2026	Shuaib, Tawid (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 ($)
02/13/2026	Siberman, Herschi (Dr.)	$200.00
	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 ($)
02/13/2026	Siedow, Stephen (Dr.)	$25.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	
Principal occupation / Job title (See Instructions): physician	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Sifuentes, Pamela (Ms.)	$15.00
	Contributor address; City; State; Zip Code: Weslaco, TX 78596	
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: 55/63 Rpt: 58/68

2 FILER NAME: Border Health PAC

3 Filer ID (Ethics Commission Filers): 00055547

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Singh, Manish (Dr.) McAllen, TX 78503	$249.38
8 Principal occupation / Job title (See Instructions): Doctor	9 Employer (See Instructions):	
02/13/2026	Solis, Hilda (Ms.) McAllen, TX 78501	$25.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Soto, Hector (Dr.) McAllen, TX 78503	$250.00
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	
02/13/2026	Sustaita, Raul (Mr.) Donna, TX 78537	$25.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
02/13/2026	Swarup, Jyothi (Dr.) McAllen, TX 78504	$100.00
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: 56/63 Rpt: 59/68

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 ($)
02/13/2026	Tamez, Daniel (Mr.) 6 Contributor address; City; State; Zip Code Alton, TX 78573	$3.82
8 Principal occupation / Job title (See Instructions): private investor	9 Employer (See Instructions):	
Date: 02/13/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Tey, Alejandro (Dr.) Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution ($): $250.00
Principal occupation / Job title (See Instructions): M.D.	Employer (See Instructions):	
Date: 02/13/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Tharp, Maribel (Ms.) Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution ($): $15.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
Date: 02/13/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Tijerina, Erica (Ms.) Contributor address; City; State; Zip Code Pharr, TX 78577	Amount of Contribution ($): $20.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	
Date: 02/13/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Tovar, Sandra (Ms.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution ($): $10.00
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 57/63 Rpt: 60/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Trejo, Jose (Mr.) McAllen, TX 78501	$250.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Trevino, Ernesto McAllen, TX 78504	$250.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Trevino, Kyara J. (Ms.) La Joya, TX 78560	$5.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Turley, Susan (Mrs.) 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#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Twahiwa, Marcel (Dr.) Mission, TX 78572	$250.00

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: 58/63 Rpt: 61/68

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 ($)
02/13/2026	Uribe, Lourdes (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 ($)
02/13/2026	Valladares, Teresa (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	
Principal occupation / Job title (See Instructions): M.D	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Vasquez, Jose, A (Dr.)	$250.00
	Contributor address; City; State; Zip Code: Rio Grande , TX 78582	
Principal occupation / Job title (See Instructions): Doctor	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Veeramachaneni, Ravindra (Dr.)	$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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Vela, Carlos Ian (Mr.)	$50.00
	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: 59/63 Rpt: 62/68

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 ($)
02/13/2026	Vela, Efraim (Dr.)	$250.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78503	
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 ($)
02/13/2026	Vela, Oscar Rene (Mr.)	$10.00
	Contributor address; City; State; Zip Code: Edinburg, TX 78539	
Principal occupation / Job title (See Instructions): Private investor	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Vela, Susana (Ms.)	$10.00
	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 ($)
02/13/2026	Velazquez, Orlando (Mr.)	$10.00
	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 ($)
02/13/2026	Velazquez, Rolando (Mr.)	$10.00
	Contributor address; City; State; Zip Code: Raymondville, TX 78580	
Principal occupation / Job title (See Instructions): private investor	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 60/63 Rpt: 63/68

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 ($)
02/13/2026	Vera, Eloy (Mr.)	$100.00
	6 Contributor address; City; State; Zip Code rio Grande City, TX 78582	

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 ($)
02/13/2026	Villarreal, Rose Maria (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 ($)
02/13/2026	Villarreal, Victor (Dr.)	$90.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Villegas, Gustavo (Mr.)	$74.80
	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 ($)
02/13/2026	Villescas III, Gavino M. (Mr.)	$37.40
	Contributor address; City; State; Zip Code San Juan, TX 78589	

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: 61/63 Rpt: 64/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Viswamitra, Saroje (Dr.) McAllen, TX 78504	$1,000.00

8 Principal occupation / Job title (See Instructions): Doctor

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Walker, Ray (Mr.) McAllen, TX 78504	$1,000.00

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

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Wang, Ann (Dr.) Palmhurst, TX 78573	$10.00

Principal occupation / Job title (See Instructions): Doctor

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Wilson, Teresa (Dr.) McAllen, TX 78504	$50.00

Principal occupation / Job title (See Instructions): Doctor

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Woloski, Deborah (Ms.) Mission, TX 78572	$20.00

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: 62/63 Rpt: 65/68

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#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/13/2026	Wong, Antonio (Dr.) McAllen, TX 78504	$250.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Yanez, Sandra (Ms.) Alton, TX 78573	$25.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Yarra, Subbarao (Dr.) McAllen, TX 78504	$100.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Zamir, Asif (Dr.) Mission, TX 78572	$250.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/13/2026	Zamora, Maria Luisa (Ms.) McAllen, TX 78504	$10.00

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: 63/63 Rpt: 66/68

2 FILER NAME
Border Health PAC

3 Filer ID (Ethics Commission Filers)
00055547

4 Date
02/13/2026

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Zayed, Fuad (Dr.)

6 Contributor address; City; State; Zip Code

Alton, TX 78573

7 Amount of Contribution ($)
$250.00

8 Principal occupation / Job title (See Instructions)
physician

9 Employer (See Instructions)
self-employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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: 1/1 Rpt: 67/68	Border Health PAC	00055547

4 Date	5 Payee name
02/23/2026	Burrows, Dustin (Rep.)

6 Amount ($)	7 Payee address; City; State; Zip Code
$100,000.00 ☐ Expenditure from corporate funds	10507 Quaker Avenue, Suite 103 Lubbock, TX 79424

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
	Burrows, Dustin (Rep.)		State Representative District 83

Date	Payee name
02/04/2026	Maldonado, A. Andre (Judge)

Amount ($)	Payee address; City; State; Zip Code
$2,500.00 ☐ Expenditure from corporate funds	1212 S. 25th Suite C 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
	Maldonado, A. Andre (Judge)		Justice of Peace Pct 4 Place 2

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 02/25/2026	**5** Payee name HOSPAC	
6 Amount ($) 10,000.00 ☐ Expenditure from corporate funds	**7** Payee Address; City; State; Zip 1108 Lavaca Suite 700 Austin, TX 78701	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	**(b)** Description (See instructions regarding type of information required.) donation
Date 02/12/2026	Payee name Renaissance Cancer Foundation	
Amount ($) 10,000.00 ☐ Expenditure from corporate funds	Payee Address; City; State; Zip 2717 Michael Angelo Drive Edinburg, TX 78539	
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
Date 02/13/2026	Payee name Water Tower Village, Ltd	
Amount ($) 2,931.25 ☐ 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.) lease rental expenditure