





**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>1</b>	
2 FILER NAME <b>Healthy Hidalgo County</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>09/02/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mission Hospital, Inc.</b>	7 Amount of contribution (\$) <b>\$40,640.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>900 S. Bryan Rd. Mission TX 78572</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>09/05/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Doctors Hospital at Renaissance</b>	Amount of contribution (\$) <b>\$147,760.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 3293 McAllen TX 78502</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>09/16/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Knapp Medical Center</b>	Amount of contribution (\$) <b>\$44,480.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1110 Weslaco TX 78596 1401 E. 8th St.</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>09/17/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>UHS of Delaware, Inc.</b>	Amount of contribution (\$) <b>\$115,680.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>367 S. Gulph Rd. Kind of Prussia PA 19406</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS	SCHEDULE B
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: 1
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2 FILER NAME Healthy Hidalgo County	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨	\$ 53,440.00
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5 Date 09/02/2014	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rio Grande Regional Hospital	8 Amount of pledge (\$) \$53,440.00	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code 101 E. Ridge Rd. McAllen TX 78503		
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$) (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement   |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense                                 |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 5		<b>2</b> FILER NAME Healthy Hidalgo County		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 8/29/14		<b>5</b> Payee name M5 Designs			
<b>6</b> Amount (\$) \$1,612.93		<b>7</b> Payee address; City; State; Zip Code 1405 S. Palm Court Dr. Harlingen TX 78552			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) printing expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) push cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
<b>Date</b> 9/4/14		<b>Payee name</b> Copy Plus, Inc.			
<b>Amount (\$)</b> \$153.81		<b>Payee address; City; State; Zip Code</b> 4500 N. 10th St., Ste. 240 McAllen TX 78504			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) printing expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) pushcards <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
<b>Date</b> 9/8/14		<b>Payee name</b> M5 Designs			
<b>Amount (\$)</b> \$5,030.37		<b>Payee address; City; State; Zip Code</b> 1405 S. Palm Court Dr. Harlingen TX 78552			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) printing expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) large signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
<b>Date</b> 9/9/14		<b>Payee name</b> Best Buy			
<b>Amount (\$)</b> \$71.65		<b>Payee address; City; State; Zip Code</b> 8012 N. 10th St. McAllen TX 78504			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) office overhead/rental expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) cell phone for campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Printing Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees		Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Healthy Hidalgo County	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 9/10/2014	<b>5</b> Payee name Copy Zone
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<b>6</b> Amount (\$) \$156.85	<b>7</b> Payee address; City; State; Zip Code 4131 N. 10th St. McAllen TX 78504
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) printing expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) push cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/16/2014	Payee name M5 Designs
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Amount (\$) \$433.00	Payee address; City; State; Zip Code 1405 S. Palm Court Dr. Harlingen TX 78552
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) pushcards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/16/14	Payee name Mike Hernandez
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Amount (\$) \$2,880.00	Payee address; City; State; Zip Code 512 Canary Ave. McAllen TX 78504
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) salaries/wages/contract labor	Description (If travel outside of Texas, complete Schedule T) website development <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/17/14	Payee name Tractor Supply Co.
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Amount (\$) \$1,025.67	Payee address; City; State; Zip Code 7135 N. Expy 281 Edinburg TX 78542
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) t-posts for signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME Health Hidalgo County		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 9/17/14		<b>5</b> Payee name Lowe's			
<b>6</b> Amount (\$) \$187.77		<b>7</b> Payee address; City; State; Zip Code 2802 W. University Dr. Edinburg TX 78539			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) printing expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) t-posts & zip ties for signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
<b>Date</b> 9/18/14		<b>Payee name</b> Lowe's			
<b>Amount (\$)</b> \$31.22		<b>Payee address; City; State; Zip Code</b> 2802 W. University Dr. Edinburg TX 78539			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) printing expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) sandbags for signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
<b>Date</b> 9/18/14		<b>Payee name</b> Lowe's			
<b>Amount (\$)</b> \$66.17		<b>Payee address; City; State; Zip Code</b> 5700 N. 10th St. McAllen TX 78504			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) printing expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) studs for signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
<b>Date</b> 9/19/14		<b>Payee name</b> The Home Depot			
<b>Amount (\$)</b> \$32.26		<b>Payee address; City; State; Zip Code</b> 801 Trenton Rd. McAllen TX 78504			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) printing expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) studs for signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials  
Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related  
Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME Health Hidalgo County		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 9/19/14		<b>5</b> Payee name Stripes			
<b>6</b> Amount (\$) \$14.15		<b>7</b> Payee address; City; State; Zip Code 201 W. Nolana McAllen TX 78504			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Travel-In District		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) gas <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/19/2014		Payee name M5 Designs			
Amount (\$) \$1,612.93		Payee address; City; State; Zip Code 1405 S. Palm Court Dr. Harlingen TX 78552			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) printing expense		Description (If travel outside of Texas, complete Schedule T) pushcards <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/22/14		Payee name The Positive Program			
Amount (\$) \$7,500.00		Payee address; City; State; Zip Code 6508 N. 26th St. McAllen TX 78504			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) consulting expense		Description (If travel outside of Texas, complete Schedule T) GOTV efforts <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/22/14		Payee name Stripes			
Amount (\$) \$56.56		Payee address; City; State; Zip Code 201 W. Nolana McAllen TX 78504			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel-In District		Description (If travel outside of Texas, complete Schedule T) gas <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials  
Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related  
Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME Healthy Hidalgo County		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 9/23/14		<b>5</b> Payee name Beto's Screen Printing			
<b>6</b> Amount (\$) \$1,872.00		<b>7</b> Payee address; City; State; Zip Code 110 W. 4th St. San Juan TX 78589			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) printing expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) yard signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/23/14		Payee name Rio Grande Guardian			
Amount (\$) \$750.00		Payee address; City; State; Zip Code P.O. Box 5057 McAllen TX 78502			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expenses		Description (If travel outside of Texas, complete Schedule T) digital ads for website <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/5/2014		Payee name Mike Hernandez			
Amount (\$) \$720.00		Payee address; City; State; Zip Code 512 Canary Ave. McAllen TX 78504			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) signage		Description (If travel outside of Texas, complete Schedule T) yard signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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