CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Guide explains how | to complete this form. | 1 Filer ID (Ethics C | commission Filers) | 2 Total pages f | ^{iled:} 2 | | |
|--|---|--|----------------------|--|---------------------|-----------------------|--|--|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR Mr. | | | | | OFFICE USE ONLY | | |
| NAME | NICKNAME | LAST Pacheco | | SUFFIX | | RECEIVED | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING | ADDRESS / PO BOX | CITY; STATE; | STATE; ZIP CODE | | JAN 15 2025 | | | |
| ADDRESS Change of Address | 805 W. Sem | inole Ave. Ph | CITY CLERK'S OFFICE | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (956) | 739-5172 | EXTENSI | ON | Date Rante delivera | Delte Postmarked | | |
| 6 CAMPAIGN TREASURER | MS / MRS / MR Mr. | FIRST Michael | | мі Е | Receipt # | Amount \$ | | |
| NAME | NICKNAME | LAST Pacheco | | SUFFIX | Date Imaged | | | |
| 7 CAMPAIGN TREASURER | STREET ADDRESS | (NO PO BOX PLEASE): APT / SI | UITE #: CITY: | | STATE: | ZIP CODE | | |
| ADDRESS (Residence or Business) | 805 W. Seminole Ave. | | | arr | TX | 78577 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (956) | PHONE NUMBER 739-5172 | EXTENSI | ON | | | | |
| 9 REPORT TYPE | January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) | | | | | | | |
| | July 15 | 8th day before ele | Clion | eeded Modified orting Limit | - | rt (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 7 / 1 / 24 THROUGH 12 / 31 / 24 | | | | | | | |
| 11 ELECTION | ELECTION DA | TE Year Primary | Runoff | ELECTION TYPE Other | | | | |
| | General Special Description SEMI-ANNUAL REPORT JAN 2025 | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) Commissioner PI. 1 | | | | | | | |
| 14 NOTICE FROM POLITICAL | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | | | | |
| COMMITTEE(S) | COMMITTEE TYPE COMMITTEE NAME PHARR FORWARD SPAC | | | | | | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS 612 W. Nolana, Suite 250 McAllen, TX 78504 | | | | | | |
| | ■ SPECIFIC | Ms. Eliza Alvarado | | | | | | |
| | | 401 Xanthisma Ave | | X 78504 | | | | |
| | | go то | PAGE 2 | UNIVERSE OF THE PROPERTY OF TH | water was a second | | | |

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH **COVER SHEET PG 2**

| 15 C/OH NAME Mr. Michael E. Pacheco | | | 16 Filer ID (Ethics Commission Filers) | | |
|--------------------------------------|----|--|--|----|-------|
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | \$ | |
| - | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | | \$ | |
| | 4. | TOTAL POLITICAL EXPENDITURES | | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | T DAY | \$ | 42.83 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE | \$ | 0.00 |
| | | | | | |

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Signature of Candidate/Officeholder (Declarant)

Please complete either option below:

| (1) Affidavit IMELDA PEREZ Notary Public, State of Texas My Commission Expires April 23, 2028 NOTARY STAMP/SEAL |
|--|
| Sworn to and subscribed before me by Michael Pacheco this the 15th day of January. |
| 20 |
| Some Py Intida Perez Notary Public |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath |
| OR OR |
| (2) Unsworn Declaration |
| |
| My name is, and my date of birth is |
| My address is,,,,,, |
| (street) (city) (state) (zip code) (country) |
| Executed in County, State of , on the day of , 20 (year) |