

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR. FIRST: RICARDO MI: _____ NICKNAME: _____ LAST: MEDINA SUFFIX: _____	OFFICE USE ONLY Date Received <div style="font-size: 2em; color: blue; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="color: red; font-weight: bold; margin: 5px 0;">JAN 14 2025</div> <div style="color: blue; font-weight: bold; margin: 5px 0;">CITY CLERK'S OFFICE</div> <div style="color: blue; font-weight: bold; margin: 5px 0;">IMELDA PEREZ</div> Date Hand-Delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 401 Woodland Dr. Pharr TX 78577		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 821-7905		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Raul MI: P NICKNAME: _____ LAST: Gonzalez SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1316 Daffodil Pharr TX 78577		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 340-7150		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 24 THROUGH 12 / 31 / 24		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE Primary Runoff <input checked="" type="checkbox"/> Other Description General Special SEMI-ANNUAL REPORT JAN. 2025	
12 OFFICE	OFFICE HELD (if any) Commissioner PI. 5	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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 TYPE GENERAL <input checked="" type="checkbox"/> SPECIFIC	COMMITTEE NAME PHARR FORWARD SPAC COMMITTEE ADDRESS 612 W. Nolana, Suite 250 McAllen, TX 78504 COMMITTEE CAMPAIGN TREASURER NAME Ms. Eliza Alvarado COMMITTEE CAMPAIGN TREASURER ADDRESS 401 Xanthisma Ave. McAllen, TX 78504	
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FORM C/OH
COVER SHEET PG 2

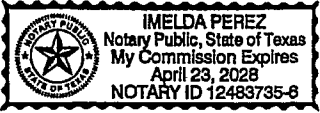
15 C/OH NAME MR. RICARDO MEDINA		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES 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 LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.

Ricardo Medina
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ricardo Medina this the 14th day of January, 2025, to certify which, witness my hand and seal of office.

Imelda Perez Imelda Perez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)