

# 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: <b>2</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr.		BOBBY	
P O Box 1861		Pharr	TX 78577
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Change of Address	
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER
		( 956 )	227-4221
6 CAMPAIGN TREASURER NAME		MS / MRS / MR	FIRST
		Ms.	Prisylla
7 CAMPAIGN TREASURER ADDRESS		AREA CODE	PHONE NUMBER
(Residence or Business)		( 956 )	467-6030
8 CAMPAIGN TREASURER PHONE		EXTENSION	
9 REPORT TYPE		<input 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 checked="" 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
		1 / 1	24
11 ELECTION		Month	Day
		6 / 30	24
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		Commissioner Pl. 2	
14 NOTICE FROM POLITICAL COMMITTEE(S)			
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		COMMITTEE NAME	
GENERAL		PHARR FORWARD SPAC	
■ SPECIFIC		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	

**REC'D**  
**CC**  
 Date Received: *[Signature]*  
**JUL 15 2024**  
**CITY OF PHARR**  
**CITY CLERK'S OFFICE**  
**PHARR, TEXAS**  
 Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date Processed \_\_\_\_\_  
 Date Imaged \_\_\_\_\_

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

MR. BOBBY CARRILLO

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

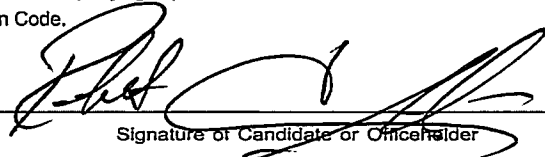
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

18 SIGNATURE

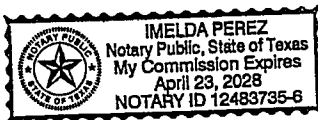
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

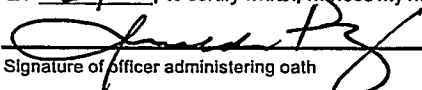
Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Roberto Carrillo this the 15<sup>th</sup> day of July, 2024, to certify which, witness my hand and seal of office.



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)