

# 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>4</b>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Dr.      Ambrosio ----- NICKNAME      LAST      SUFFIX "Amos"      Hernandez	<div style="border: 2px solid red; padding: 5px;"> <p style="color: red; font-weight: bold; margin: 0;">REC'D OFFICE USE ONLY</p> <p style="color: red; font-weight: bold; margin: 0;">CC</p> <p style="font-size: 1.2em; margin: 5px 0;">Date Received <i>[Signature]</i></p> <div style="border: 1px solid red; padding: 5px; margin: 5px 0;"> <p style="font-size: 1.5em; margin: 0;">JAN 27 2022</p> <p style="color: red; font-weight: bold; margin: 0;">CITY OF PHARR CITY CLERKS OFFICE PHARR, TEXAS</p> </div> <p style="font-size: 0.8em; margin: 0;">Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse; margin: 0;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount \$	Date Processed		Date Imaged			
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Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE 2000 Dana St.      Pharr      TX      78577										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( 956 )      607-6169										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Mr.      Michael      A ----- NICKNAME      LAST      SUFFIX Vargas										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 349 S. Helen Moore Rd #4102      San Benito      TX      78586										
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( 956 )      357-5506										
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>		<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)	
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month      Day      Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month      Day      Year</td> </tr> <tr> <td style="text-align: center;">7      /      1      /      21</td> <td></td> <td style="text-align: center;">12      /      31      /      21</td> </tr> </table>		Month      Day      Year	THROUGH	Month      Day      Year	7      /      1      /      21		12      /      31      /      21			
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">                     ELECTION DATE                      Month      Day      Year                      /      /                 </td> <td style="width:60%;">                     ELECTION TYPE                      Primary      Runoff      <input checked="" type="checkbox"/> Other Description                      General      Special      <u>JANUARY 2022 SEMI-ANNUAL REPORT</u> </td> </tr> </table>		ELECTION DATE Month      Day      Year /      /	ELECTION TYPE Primary      Runoff <input checked="" type="checkbox"/> Other Description General      Special <u>JANUARY 2022 SEMI-ANNUAL REPORT</u>							
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12 OFFICE	OFFICE HELD (if any) Mayor, City of Pharr	13 OFFICE SOUGHT (if known)									
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	<p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-right: 1px solid black; vertical-align: top;">                 COMMITTEE TYPE                   GENERAL   <input checked="" type="checkbox"/> SPECIFIC             </td> <td style="border-right: 1px solid black; vertical-align: top;">                 COMMITTEE NAME                  Pharr Forward SPAC             </td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td style="border-right: 1px solid black; vertical-align: top;">                 COMMITTEE ADDRESS                  612 W. Nolana, Suite 250 McAllen, TX 78504             </td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td style="border-right: 1px solid black; vertical-align: top;">                 COMMITTEE CAMPAIGN TREASURER NAME                  Mr. Michael Anthony Vargas             </td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td style="border-right: 1px solid black; vertical-align: top;">                 COMMITTEE CAMPAIGN TREASURER ADDRESS                  349 S. Helen Moore Rd. #4102 San Benito, TX 78586             </td> </tr> </table>			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 Mr. Michael Anthony Vargas		COMMITTEE CAMPAIGN TREASURER ADDRESS 349 S. Helen Moore Rd. #4102 San Benito, TX 78586
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GO TO PAGE 2											

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Dr. Ambrosio "Amos" Hernandez

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

\$

9,170.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

285,493.15

OUTSTANDING  
LOAN TOTALS

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

\$

292,126.91

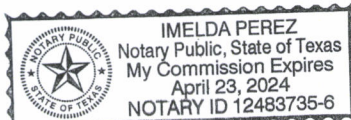
18 SIGNATURE

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 Ambrosio Hernandez this the 27th day of January, 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath

IMELDA PEREZ Printed name of officer administering oath

Notary 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)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Dr. Ambrosio "Amos" Hernandez		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,170.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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 Expenses	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Dr. Ambrosio "Amos" Hernandez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/31/2021	<b>5</b> Payee name Lone Star National Bank	
<b>6</b> Amount (\$) 120.00	<b>7</b> Payee address: 5537 N. McColl Rd	City: McAllen State: TX Zip Code: 78504
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) fees	<b>(b)</b> Description banking fees 7/1 to 12/31/21
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Dr. Ambrosio "Amos" Hernandez	Office sought Mayor
Date 09/23/2021	Payee name VAMOS Scholarship	
Amount (\$) 9,050.00	Payee address: 800 N. Main St. #410	City: McAllen State: TX Zip Code: 78501
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) donation by candidate	Description scholarship donation
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Dr. Ambrosio "Amos" Hernandez	Office sought Mayor
Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED