CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR МІ 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Mr Daniel NAME Dala Received NICKNAME LAST SUFFIX CC Chavez ADDRESS / PO BOX; APT / SUITE #; 4 CANDIDATE / CITY: STATE: ZIP CODE JAN 17 2023 **OFFICEHOLDER** MAILING P O Box 415 Pharr TX 78577 **ADDRESS** CITY OF PHARR CITY CLERK'S OFFICE Change of Address PHARR, TEXAS PHONE NUMBER 5 CANDIDATE/ AREA CODE **EXTENSION** Date Hand-delivered or Date Postmarked OFFICEHOLDER (210)875-9297 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Efrain Mr. Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Matamoros STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE CAMPAIGN **TREASURER ADDRESS** 802 Scurlock St. Pharr TX 78577 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (956 563-5984 REPORT TYPE 30th day before election 15th day after campaign Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 12 / 31 / 22 /1 22 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Month Year Description JAN 2023 SEMI ANNUAL General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Commissioner, Pl. 4, City of Pharr 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE Pharr Forward SPAC COMMITTEE ADDRESS GENERAL 612 W. Nolana, Suite 250 McAllen, TX 78504 **Additional Pages** COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC Mr. Michael Anthony Vargas COMMITTEE CAMPAIGN TREASURER ADDRESS 349 S. Helen Moore Rd. #4102 San Benito, TX 78586

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mr. Daniel Chavez		16 Filer ID (Ethics (16 Filer ID (Ethics Commission Filers)	
A	IVII. DAIIIDI OHAVEL			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS CONTRIBUTIONS MADE ELECTRONICALLY)	· · · · · · · · · · · · · · · · · · ·		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTE	EES OF LOANS)	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	O AS OF THE LAST DAY	0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD	NG LOANS AS OF 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.				
		to 5		
	Signature of Candidate or Officeholder			
Please complete either option below:				
(1) Affidavit NOTARY STAMP/SEA	HILDA PEDRAZA Notary Public, State of Texas My Commission Expires July 15, 2026 NOTARY ID 12427237-6			
Sworn to and subscribed before me by Daniel Chavez this the 17th day of Junuary				
20 20, to certify which, witness my hand and seal of office.				
Sjullful	My Hilda Harara	notary H	ublic. I	
Signature of officer administe	ering oath Printed name of officer administering oat	th Title of office	er administering oath	
	OR			
(2) Unsworn Declaration				
My name is, and my date of birth is				
My address is				
	(street) (c	city) (state) (zip code)	(country)	
Executed in	County, State of, on the	day of 20	. ` "	
		(month) (year)	-	
Signature of Candidate/Officeholder (Declarant)				