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. 3 CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Mr Daniel NAME Date Received NICKNAME LAST SUFFIX uld Chavez 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **OFFICEHOLDER** APR 0 1 2021 MAILING P O Box 415 Pharr TX 78577 **ADDRESS** CITY OF PHARR Change of Address ADMINISTRATION AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (210)875-9297 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN М **TREASURER** Efrain Mr. Date Processed NAME NICKNAME LAST 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) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER PHONE (956 563-5984 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Month Year COVERED 22 21 21 3 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Description Month General Special 21 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Commissioner, Pl. 4, City of Pharr 14 NOTICE FROM 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. **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 Dr. Eliza Alvarado COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

401 Xanthisma McAllen, TX 78504

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mr. Daniel Chavez	16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ER THAN \$					
TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS) \$ 6174.51					
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
4. TOTAL POLITICAL EXPENDITURES	\$					
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY \$					
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN LAST DAY OF THE REPORTING PERIOD	IS AS OF THE \$					
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying reported by me under Title 15, Election Code.	rt is true and correct and includes all information					
Signatur	e of Candidate or Officeholder					
	İ					
SANDRA EDITH ESCAMILLA Notary ID #132390633 My Commission Expires March 5, 2024 (1) Affidavit						
NOTARY STAMP/SEAL	1 Anal					
Swom to and subscribed before me by <u>Pariel Chevez</u> th	nis the day of Appl,					
20 21, to certify which, witness my hand and seal of office.	nis the day of April, Notar 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) (vear)					
	Candidate/Officeholder (Declarant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME aniel Chavez		mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	т.	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	6,174.51	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	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 FUN	DS	\$	9,610.97
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	ONS RETURNED	\$	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Т	he Instruction Guide explains how to complete this for	1 Total pages Schedule A2:			
2 FILER NAM	1E	3 Filer ID (Ethics Commission Filers)			
Daniel C	havez	,			
4 TOTAL O	OF UNITEMIZED IN-KIND POLITICAL CONTRI	\$ 6,174.51			
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description advertising, printing,	
04/01/2021	7 Contributor address; City; State; Zip Code		6,174.51	campaign material, consulting, event expenses	
	612 W. Nolana, Suite 250 McAllen, TX 78	8504	Check if travel outsi	I ide of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
specific	purpose political action committee	as listed			
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	I In-kind contribution description	
	Contributor address; City; State;	Zip Code			
			Check if travel outside	de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	oyer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JU	DICIAL) (See Instructions)	
				6 100	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NA	AME I Chavez			3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee nar	St. All M. Marchell M. Art School St.					
03/12/2021		Forward SPAC					
6 Amount (\$) Reimbursement from political contributions intended	7 Payee add 612 W.	dress; Nolana, Suite 250		City; McAllen	State; TX	Zip Code 78504	
8	(a) Category	(See Categories listed at the top of this so	hedule)	(b) Description			
PURPOSE OF EXPENDITURE	advertising expense campaign cap			s and shirts			
	(c)	Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin, TX, officehol		xpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nan	ne			ACCEPTANT OF THE PROPERTY OF T		
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	hedule)	Description	X		
	(Check if travel outside of Texas. Complete Sch	olete Schedule T. Chec		in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
Date	Payee nam	ne					
Amount (\$)	Payee add	ress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sch	edule)	Description			
Check if travel outside of Texas		heck if travel outside of Texas. Complete Sche	dule T.	Check if Austin,	n, TX, officeholder living expense		
complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought	q	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED