

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

FIRST

MI

Ms.

Itza

NICKNAME

LAST

SUFFIX

Flores

OFFICE USE ONLY

Date Received

RECEIVED
AT 5:40 O'CLOCK AM/PM

JAN 15 2021

CITY MANAGER'S OFFICE
BY: *[Signature]*

Date Hand-delivered or Date Postmarked

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1807 S. Erica

Pharr

TX

78577

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 460-3259

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Dennille

NICKNAME

LAST

SUFFIX

Hernandez

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1015 E. Kathy

Pharr

TX

78577

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 343-4458

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded \$500 limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

07 / 01 / 2020

THROUGH

Month

Day

Year

12 / 31 / 2020

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /



Primary



Runoff

ELECTION TYPE



Other
Description



General



Special

n/a

12 OFFICE

OFFICE HELD (if any)

Commissioner, Pl. 6
City of Pharr

13 OFFICE SOUGHT (if known)

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Ms. Itza Flores** 15 Filer ID (Ethics Commission Filers)

16 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.

<input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		Pharr Forward SPAC
	COMMITTEE ADDRESS	612 W. Nolana, Suite 250 McAllen , TX 78504
	COMMITTEE CAMPAIGN TREASURER NAME	Dr. Eliza Alvarado
	COMMITTEE CAMPAIGN TREASURER ADDRESS	401 Xanthisma McAllen, TX 78504

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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.

Itza Flores
Signature of Candidate or Officeholder

IMELDA PEREZ
Notary Public, State of Texas
My Commission Expires
April 23, 2024
NOTARY ID 12483735-6

APPROPRIATELY AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Itza Flores, this the 15th day of January, 2021, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
IMELDA PEREZ Printed name of officer administering oath
Notary Title of officer administering oath