

# 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 <b>Ms</b> FIRST <b>Itza</b> NICKNAME LAST <b>Flores</b>	MI  SUFFIX	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REC'D OFFICE USE ONLY</b>    Date Received  <div style="border: 1px solid red; padding: 5px; margin: 5px 0;"> <b>JAN 27 2022</b> </div> <b>CITY OF PHARR CITY CLERKS OFFICE PHARR, TEXAS</b> </div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1807 S. Erica Pharr TX 78577</b>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 956 ) 460-3259</b>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Ms.</b> FIRST <b>Dennille</b> NICKNAME LAST <b>Hernandez</b>	MI  SUFFIX									
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1015 E. Kelly Pharr TX 78577</b>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 956 ) 343-4458</b>										
9 REPORT TYPE	<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)										
10 PERIOD COVERED	Month    Day    Year    THROUGH    Month    Day    Year <b>7 / 1 / 21    12 / 31 / 21</b>										
11 ELECTION	ELECTION DATE Month    Day    Year  /    /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <b>JANUARY 2022 SEMI ANNUAL</b>									
12 OFFICE	OFFICE HELD (if any) <b>Commissioner, Pl. 6, City of Pharr</b>	13 OFFICE SOUGHT (if known)									
14 NOTICE FROM POLITICAL COMMITTEE(S)  <small>Additional Pages</small>	<p><small>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.</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME <b>Pharr Forward SPAC</b></td> </tr> <tr> <td style="padding: 5px;">GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS <b>612 W. Nolana, Suite 250 McAllen, TX 78504</b></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME <b>Mr. Michael Anthony Vargas</b></td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS <b>349 S. Helen Moore Rd. #4102 San Benito, TX 78586</b></td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME <b>Pharr Forward SPAC</b>	GENERAL	COMMITTEE ADDRESS <b>612 W. Nolana, Suite 250 McAllen, TX 78504</b>	<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME <b>Mr. Michael Anthony Vargas</b>		COMMITTEE CAMPAIGN TREASURER ADDRESS <b>349 S. Helen Moore Rd. #4102 San Benito, TX 78586</b>
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<b>GO TO PAGE 2</b>											

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

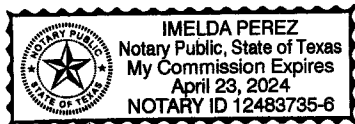
15 C/OH NAME <b>Ms. Itza Flores</b>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR 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.

*Itza Flores*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Itza Flores this the 27th day of January, 2020, to certify which, witness my hand and seal of office.

*Imelda Perez* Signature of officer administering oath  
Imelda Perez Printed name of officer administering oath  
Notary Title of officer administering oath

(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)