

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 Ms | FIRST Itza | MI MI | OFFICE USE ONLY Date Received REC'D <i>4/4/22</i> CC JUL 20 2022 CITY OF PHARR CITY CLERK'S OFFICE PHARR, TEXAS Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged | |
| | NICKNAME | LAST Flores | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; 1807 S. Erica | APT / SUITE #; Pharr | CITY; TX | | |
| Change of Address | STATE; TX | ZIP CODE 78577 | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (956) | PHONE NUMBER 460-3259 | EXTENSION | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Dennille | MI MI | | |
| | NICKNAME | LAST Hernandez | SUFFIX | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1015 E. Kelly | | CITY; Pharr | | |
| (Residence or Business) | STATE; TX | | ZIP CODE 78577 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (956) | PHONE NUMBER 343-4458 | EXTENSION | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | | |
| | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | | |
| | | | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | |
| | | | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month 1 | Day 1 | Year 22 | | |
| | THROUGH | | Month 6 | | |
| | | | Day 30 | | |
| | | | Year 22 | | |
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | |
| | Month / | Day / | Year | Primary | Runoff |
| | | | General | Special | <input checked="" type="checkbox"/> Other Description JULY 2022 SEMI ANNUAL |
| 12 OFFICE | OFFICE HELD (if any) Commissioner, Pl. 6, City of Pharr | | | 13 OFFICE SOUGHT (if known) | |
| 14 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. | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME Pharr Forward SPAC | | | |
| | GENERAL | COMMITTEE ADDRESS 612 W. Nolana, Suite 250 McAllen, TX 78504 | | | |
| | <input checked="" type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME Mr. Michael Anthony Vargas | | | |
| | Additional Pages | 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 Ms. Itza Flores | | 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 |

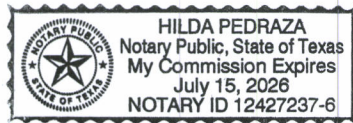
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 20th day of July,

2022, to certify which, witness my hand and seal of office.

Hilda Pedraza Hilda Pedraza Notary 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) (year)

Signature of Candidate/Officeholder (Declarant)