

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filled:

12

3 COMMITTEE NAME

Pharr Forward SPAC

OFFICE USE ONLY

Date Received  
REC'D  
CC

APR 10 2023

CITY OF PHARR  
CITY CLERK'S OFFICE  
PHARR, TEXAS

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

612 W Nolana, Suite 250  
McAllen TX 78504

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mr. Michael Anthony

NICKNAME LAST SUFFIX  
Vargas

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

349 S. Helen Moore Rd. #4102  
San Benito TX 78586

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

- Same as above -

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 357-5506

9 REPORT TYPE

- January 15       30th day before election       Exceeded Modified Reporting Limit  
 July 15       8th day before election       Dissolution Report (Attached PAC-FR)  
 Runoff       10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year      Month Day Year  
01 / 01 / 23      THROUGH      03 / 27 / 23

11 ELECTION

ELECTION DATE  
Month Day Year  
05 / 06 / 23

ELECTION TYPE

- Primary       Runoff       Other  
 General       Special

Description: City Elections

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME Pharr Forward SPAC 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE  
(Attach lists on plain paper to complete this report if necessary.)

SUPPORT (Candidate or Measure)  
 OPPOSE (Candidate or Measure)  
 ASSIST (Officeholder)

CANDIDATE  
 OFFICEHOLDER  
 MEASURE

CANDIDATE / OFFICEHOLDER NAME:  
Ambrosio Hernandez-Mayor Ricardo Medina - Pl. 5  
Michael Pacheco - candidate, Pl. 1 / Iza Flores - Pl. 6

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  
- same as above -

BALLOT IDENTIFICATION / # \_\_\_\_\_ ELECTION DATE  
Month Day Year / /

DESCRIPTION

15 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)	\$ <u>80,673-</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>21,437.96</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>49,015.49</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>487,020.16</u>

16 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.

[Signature]  
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said Michael Vargas, this the 10<sup>th</sup> day of April, 2023, to certify which, witness my hand and seal of office.

[Signature] 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 Campaign Treasurer (Declarant)

# SUBTOTALS - SPAC

**FORM SPAC  
COVER SHEET PG 3**

17 COMMITTEE NAME <i>Pharr Forward SPAC</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>80,673<sup>-</sup></i>
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>21,437.96</i>
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1 of 7</b>
2 FILER NAME <b>Pharr Forward SPAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/15/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LDG Enterprises LLC</b>	7 Amount of contribution (\$) <b>\$10,300<sup>-</sup></b>
6 Contributor address; City; State; Zip Code <b>2608 Live Oak Mission Tx 78574</b>		
8 Principal occupation / Job title (See Instructions) <b>engineering firm</b>		9 Employer (See Instructions) <b>as listed</b>
Date <b>3/17/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brian Godinez</b>	Amount of contribution (\$) <b>\$5000<sup>-</sup></b>
Contributor address; City; State; Zip Code <b>5007 N. 9th St McAllen Tx 78504</b>		
Principal occupation / Job title (See Instructions) <b>CMO</b>		Employer (See Instructions) <b>ERO Architects</b>
Date <b>3/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Noe Lairo Hernandez</b>	Amount of contribution (\$) <b>\$2,500</b>
Contributor address; City; State; Zip Code <b>700 W. Inspiration Dr. Pharr Tx 78577</b>		
Principal occupation / Job title (See Instructions) <b>self employed</b>		Employer (See Instructions) <b>self</b>
Date <b>3/13/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KCI Texas PAC</b>	Amount of contribution (\$) <b>\$1,000</b>
Contributor address; City; State; Zip Code <b>11550 W. Interstate 10 #395 San Antonio Tx 78230</b>		
Principal occupation / Job title (See Instructions) <b>political action committee</b>		Employer (See Instructions) <b>as listed</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 7</b>
2 FILER NAME <b>Pharr Forward SPAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/18/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vipul G. Patel</b>	7 Amount of contribution (\$) <b>\$200-</b>
6 Contributor address; City; State; Zip Code <b>1804 W. Bronze St #3 Pharr TX 78577</b>		
8 Principal occupation / Job title (See Instructions) <b>Self employed</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>3/18/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hector Garza</b>	Amount of contribution (\$) <b>\$60-</b>
Contributor address; City; State; Zip Code <b>205 W. Upas McAllen TX 78501</b>		
Principal occupation / Job title (See Instructions) <b>Self employed</b>		Employer (See Instructions) <b>Self</b>
Date <b>3/15/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Trisha M. Salazar</b>	Amount of contribution (\$) <b>\$1,000</b>
Contributor address; City; State; Zip Code <b>1031 Valle Vista St. Alamo TX 78516</b>		
Principal occupation / Job title (See Instructions) <b>Self employed</b>		Employer (See Instructions) <b>Self</b>
Date <b>3/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Noel de Leon</b>	Amount of contribution (\$) <b>\$500-</b>
Contributor address; City; State; Zip Code <b>931 E. 13th St. Weslaco TX 78596</b>		
Principal occupation / Job title (See Instructions) <b>Self employed</b>		Employer (See Instructions) <b>Self</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3 of 7</b>
2 FILER NAME <b>Pharr Forward SPAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/17/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Offices of Ezequiel Reyna Jr. PC</b>	7 Amount of contribution (\$) <b>\$1,000 -</b>
6 Contributor address; City; State; Zip Code <b>702 W. Expy 83 Weslaco TX 78596</b>		
8 Principal occupation / Job title (See Instructions) <b>Law office</b>		9 Employer (See Instructions) <b>as listed</b>
Date <b>3/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Greenway Construction, LLC</b>	Amount of contribution (\$) <b>\$10,000</b>
Contributor address; City; State; Zip Code <b>313 Eagle Ave. McAllen Tx 78504</b>		
Principal occupation / Job title (See Instructions) <b>Construction Co.</b>		Employer (See Instructions) <b>as listed</b>
Date <b>3/17/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carlos Michael Myers</b>	Amount of contribution (\$) <b>\$1,560 -</b>
Contributor address; City; State; Zip Code <b>412 Toronto Ave. #30 McAllen Tx 78503</b>		
Principal occupation / Job title (See Instructions) <b>Self employed</b>		Employer (See Instructions) <b>Self</b>
Date <b>3/17/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jorge Gonzalez + Juan J. Gonzalez</b>	Amount of contribution (\$) <b>\$10,000</b>
Contributor address; City; State; Zip Code <b>2900 N. TX Blvd. #201 Weslaco TX 78596</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>as listed</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4 of 7</b>
2 FILER NAME <b>Pharr Forward SPAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/19/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joaquin M. Spamer</b>	7 Amount of contribution (\$) <b>\$1,500-</b>
6 Contributor address; City; State; Zip Code <b>6800 S. International Pkwy #10 McAllen TX 78503</b>		
8 Principal occupation / Job title (See Instructions) <b>Self employed</b>		9 Employer (See Instructions) <b>self</b>
Date <b>3/17/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patricia Ann Rigney</b>	Amount of contribution (\$) <b>\$2,500</b>
Contributor address; City; State; Zip Code <b>1716 W. Dove Ave. McAllen TX 78504</b>		
Principal occupation / Job title (See Instructions) <b>attorney</b>		Employer (See Instructions) <b>City of Pharr</b>
Date <b>3/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vinod K. Kasan</b>	Amount of contribution (\$) <b>\$2,500 -</b>
Contributor address; City; State; Zip Code <b>312 W. Nolana Loop Pharr TX 78577</b>		
Principal occupation / Job title (See Instructions) <b>Self employed</b>		Employer (See Instructions) <b>Self</b>
Date <b>3/13/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Manish Singh, MD</b>	Amount of contribution (\$) <b>\$1,500 -</b>
Contributor address; City; State; Zip Code <b>5509 N. 18<sup>th</sup> Ln. McAllen TX 78504</b>		
Principal occupation / Job title (See Instructions) <b>physician</b>		Employer (See Instructions) <b>Self</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5 of 7**

2 FILER NAME

**Pharr Forward SPAC**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/8/23**

5 Full name of contributor

**O'Hanlon, Demereth + Castillo**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$2,000-**

6 Contributor address;

City;

State;

Zip Code

**426 W. Caffery Ave. Pharr TX 78577**

8 Principal occupation / Job title (See Instructions)

**law firm**

9 Employer (See Instructions)

**as listed**

Date

**3/8/23**

Full name of contributor

**Roel Landa**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$1,500-**

Contributor address;

City;

State;

Zip Code

**3515 Plazas del Lago Edinburg TX 78539**

Principal occupation / Job title (See Instructions)

**self employed**

Employer (See Instructions)

**Self**

Date

**3/3/23**

Full name of contributor

**Southern Trenchless Solutions, LLC**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$2,500-**

Contributor address;

City;

State;

Zip Code

**1200 W. Expy 83 LaFeria, TX 78559**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**as listed**

Date

**3/13/23**

Full name of contributor

**Vilpulkumar G. Patel**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$3,053.-**

Contributor address;

City;

State;

Zip Code

**3828 Hughes Ct. Dickinson TX 77539**

Principal occupation / Job title (See Instructions)

**physician**

Employer (See Instructions)

**Self**

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6 of 7</b>
2 FILER NAME <b>Pharr Forward SPAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/9/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sunil B. Wadhvani</b>	7 Amount of contribution (\$) <b>\$1,500-</b>
6 Contributor address; City; State; Zip Code <b>4614 S. Bus. Hwy 281 Edinburg Tx 78539</b>		
8 Principal occupation / Job title (See Instructions) <b>Self employed</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>3/18/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J + R Engineering, LLC</b>	Amount of contribution (\$) <b>\$2,500-</b>
Contributor address; City; State; Zip Code <b>1209 S. 10<sup>th</sup> St. Ste A-559 McAllen Tx 78501</b>		
Principal occupation / Job title (See Instructions) <b>engineering firm</b>		Employer (See Instructions) <b>as listed</b>
Date <b>3/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Saenz Brothers Construction, LLC</b>	Amount of contribution (\$) <b>\$2,500-</b>
Contributor address; City; State; Zip Code <b>3226 N. Victoria Rd Donna Tx 78537</b>		
Principal occupation / Job title (See Instructions) <b>Construction co</b>		Employer (See Instructions) <b>as listed</b>
Date <b>3/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Miguel Flores</b>	Amount of contribution (\$) <b>\$1,000-</b>
Contributor address; City; State; Zip Code <b>5110 N. Inspiration Rd- Mission Tx 78572</b>		
Principal occupation / Job title (See Instructions) <b>Self employed</b>		Employer (See Instructions) <b>Self</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7 of 7</b>
2 FILER NAME <b>Pharr Forward SPAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/10/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carlos Alberto Canales Melhem</b> 6 Contributor address; City; State; Zip Code <b>100 Austin Dr. Ste B. Pharr Tx 78577</b>	7 Amount of contribution (\$) <b>\$4,000</b>
8 Principal occupation / Job title (See Instructions) <b>Self employed</b>		9 Employer (See Instructions) <b>self</b>
Date <b>3/8/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carlos Alberto Canales Melhem</b> Contributor address; City; State; Zip Code <b>100 Austin Dr. #B Pharr Tx 78577</b>	Amount of contribution (\$) <b>\$4,000</b>
Principal occupation / Job title (See Instructions) <b>Self employed</b>		Employer (See Instructions) <b>self</b>
Date <b>3/3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Curtis E. Ford</b> Contributor address; City; State; Zip Code <b>3701 Bee Caves Rd. #101 Austin Tx 78746</b>	Amount of contribution (\$) <b>\$5,000</b>
Principal occupation / Job title (See Instructions) <b>self employed</b>		Employer (See Instructions) <b>self</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 2</i>	2 FILER NAME <i>Pharr Fwd SPAC</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/26/23</i>	5 Payee name <i>Michael Vargas</i>
--------------------------	---------------------------------------

6 Amount (\$) <i>\$6,387.<sup>50</sup></i>	7 Payee address; City; State; Zip Code <i>349 S. Helen Moore Rd. #4102 San Benito TX 78586</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>reimbursement</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/19/23</i>	Payee name <i>Michael Vargas</i>
------------------------	-------------------------------------

Amount (\$) <i>\$1,840.<sup>25</sup></i>	Payee address; City; State; Zip Code <i>349 S. Helen Moore Rd. #4102 San Benito TX 78586</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>reimbursement</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/15/23</i>	Payee name <i>Miguel Robledo</i>
------------------------	-------------------------------------

Amount (\$) <i>\$5,181.<sup>71</sup></i>	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>reimbursement</i>	Description <i>event expense</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 2      2 FILER NAME Pharr Fwd SPAC      3 Filer ID (Ethics Commission Filers)

4 Date 2/28/23      5 Payee name Prisylla JASSO

6 Amount (\$) \$5,000-      7 Payee address: 612 W. Nolana, Suite 250      City: McAllen      State: TX      Zip Code: 78504

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
<u>consulting expense</u>	<u>Campaign consulting</u>
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date 2/10/23      Payee name City of Pharr

Amount (\$) \$3,000-      Payee address: 118 S. Cage Blvd.      City: Pharr      State: TX      Zip Code: 78577

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
<u>Fees</u>	<u>candidate fees</u>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 1/28 to 2/28/23      Payee name IBC

Amount (\$) \$28.50      Payee address: 1 S. Broadway      City: McAllen      State: TX      Zip Code: 78501

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
<u>Fees</u>	<u>banking fees</u>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED