



**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME 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 Itza Flores - Pl. 6*

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  
*- Same as above -*

BALLOT IDENTIFICATION / # ELECTION DATE  
Month Day Year  
*/ /*

DESCRIPTION

<b>15 CONTRIBUTION TOTALS</b>	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)	\$ <i>20,000</i>
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ <i>38,265.75</i>
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>75,953.77</i>
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>487,020.16</i>

**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.

*[Handwritten 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 A. Vargas*, this the *5th* day of *May*, 20 *23*, to certify which, witness my hand and seal of office.

*Walter Rederza* *Hilda Pedraza* *Notary Public*  
 Signature of officer administering oath Printed name of officer administering oath 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 Campaign Treasurer (Declarant)

# SUBTOTALS - SPAC

FORM SPAC  
COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 20,000
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		\$ 38,265. <sup>15</sup>
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 2</b>
2 FILER NAME <b>Pharr Forward SPAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/17/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wendy Cantu</b>	7 Amount of contribution (\$) <b>\$2,000 -</b>
6 Contributor address; City; State; Zip Code <b>1100 E. Jackson McAllen TX 78503</b>		
8 Principal occupation / Job title (See Instructions) <b>self employed</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>4/17/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linebarger, Goggin, Blair + Sampson</b>	Amount of contribution (\$) <b>\$5,000 -</b>
Contributor address; City; State; Zip Code <b>P O Box 17428 Austin TX 78760</b>		
Principal occupation / Job title (See Instructions) <b>law firm</b>		Employer (See Instructions) <b>as listed</b>
Date <b>4/17/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amanda Zuniga</b>	Amount of contribution (\$) <b>\$2,000 -</b>
Contributor address; City; State; Zip Code <b>P O Box 5313 Hidalgo Tx 78557</b>		
Principal occupation / Job title (See Instructions)		Employer (See instructions)
Date <b>4/17/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linebarger, Goggin, Blair + Sampson</b>	Amount of contribution (\$) <b>\$5,000 -</b>
Contributor address; City; State; Zip Code <b>P O Box 17428 Austin Tx 78760</b>		
Principal occupation / Job title (See Instructions) <b>law firm</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:  
2 of 2

2 FILER NAME *Pharr Forward SPAC* 3 Filer ID (Ethics Commission Filers)

4 Date <i>4/17/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judith Ponce</i>	7 Amount of contribution (\$) <i>\$2,000 -</i>
6 Contributor address; City; State; Zip Code <i>1100 E. Jackson McAllen Tx 78503</i>		

8 Principal occupation / Job title (See Instructions) *Self employed* 9 Employer (See Instructions)  
*Self*

Date <i>4/17/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heoby Garza</i>	Amount of contribution (\$) <i>\$2,000 -</i>
Contributor address; City; State; Zip Code <i>3805 Crown Point Ln. Pharr Tx 78577</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>4/17/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cipriano Garza Barajas</i>	Amount of contribution (\$) <i>\$2,000 -</i>
Contributor address; City; State; Zip Code <i>9601 International Blvd. Pharr Tx 78577</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 1	2 FILER NAME Pharr Forward SPAC	3 Filer ID (Ethics Commission Filers)
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4 Date 4/10/23	5 Payee name Michael Vargas
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6 Amount (\$) \$5,000	7 Payee address; 349 S. Helen Moore Rd #4102	City; San Benito	State; TX	Zip Code 79586
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) reimbursement	(b) Description event expense
	(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 4/10/23	Payee name City of Pharr
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Amount (\$) \$165. <sup>75</sup>	Payee address; 118 S. Cage Blvd.	City; Pharr	State; TX	Zip Code 78577
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) event expense	Description golf tournament
	<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 4/25/23	Payee name Carrera Communications
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Amount (\$) \$33,100	Payee address; 135 Paseo del Prado	City; Edinburg	State; TX	Zip Code 78539
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) consulting expense	Description campaign consulting
	<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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