

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="float: right;">7</span>																				
<b>3</b> COMMITTEE NAME  Pharr Forward SPAC		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2">Date Received <b>RECEIVED</b></td> </tr> <tr> <td colspan="2" style="text-align: center;">AT <u>7:12</u> O'CLOCK AM/PM <span style="float: right; border: 1px solid blue; border-radius: 50%; padding: 2px;">AM</span></td> </tr> <tr> <td colspan="2" style="text-align: center; color: red; font-weight: bold;">JAN 15 2021</td> </tr> <tr> <td colspan="2" style="text-align: center; color: blue; font-weight: bold;">CITY MANAGER'S OFFICE</td> </tr> <tr> <td colspan="2">BY: <u>WJP</u></td> </tr> <tr> <td colspan="2">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td>Receipt #</td> <td>Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received <b>RECEIVED</b>		AT <u>7:12</u> O'CLOCK AM/PM <span style="float: right; border: 1px solid blue; border-radius: 50%; padding: 2px;">AM</span>		JAN 15 2021		CITY MANAGER'S OFFICE		BY: <u>WJP</u>		Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
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<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  612 W. Nolana, Suite 250    McAllen    TX    78504																						
<b>5</b> CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:30%;">FIRST</td> <td style="width:30%;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td style="text-align: center;">Dr.</td> <td style="text-align: center;">Eliza</td> <td></td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Alvarado</td> <td></td> <td></td> </tr> </table>			MS / MRS / MR	FIRST	MI		Dr.	Eliza			NICKNAME	LAST	SUFFIX			Alvarado						
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Dr.	Eliza																						
NICKNAME	LAST	SUFFIX																					
	Alvarado																						
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE  401 Xanthisma    McAllen    TX    78504																						
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  =same as above--																						
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE    PHONE NUMBER    EXTENSION  ( 956 )    451-3005																						
<b>9</b> REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution (Attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination											
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<b>10</b> PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center;">07 / 01 / 2020</td> <td></td> <td style="text-align: center;">12 / 31 / 2020</td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	07 / 01 / 2020		12 / 31 / 2020														
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/   /	<input type="checkbox"/> General	<input type="checkbox"/> Special																					
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	N/A																						

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)

<b>14</b> COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME -Ambrosio Hernandez, MD -Daniel Chavez, PI 4 -Eleazar Guajardo, PI 1 -Ricardo Medina, PI. 5 -Bobby Carrillo, PI 2 -Itza Flores, PI 6 -Ramiro Caballero, MD, PI 3
	<input checked="" type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) -Ambrosio Hernandez, MD-Mayor -Daniel Chavez, Comm.PI 4 -Eleazar Guajardo, Comm. PI 1 -Ricardo Medina, Comm. PI. 5 -Bobby Carrillo, Comm. PI 2 -Itza Flores, Comm. PI 6 -Ramiro Caballero, MD, Comm. PI 3
<input type="checkbox"/> MEASURE		BALLOT IDENTIFICATION / # _____ ELECTION DATE _____ Month / Day / Year
DESCRIPTION _____		

<b>15</b> 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)	\$ 93,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 50,064.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 86,836.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 487,020.16

**16** 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.

*[Handwritten Signature]*

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

*[Handwritten Signature]*  
Signature of officer administering oath

Monique Contreras  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - SPAC

**FORM SPAC  
COVER SHEET PG 3**

<b>17</b> COMMITTEE NAME <p style="text-align: center;">Pharr Forward SPAC</p>		<b>18</b> Filer ID (Ethics Commission Filers)
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 93,000.00
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	\$ 50,064.04
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 of 2

2 FILER NAME

Pharr Forward SPAC

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 ==see attached==

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  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**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Pharr Forward SPAC	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <i>=see attached=</i>	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code  <i>==see attached==</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	Office held

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

**PHARR FORWARD SPAC 2020 / EXPENDITURES**

**10/25/20 through 12/31/20      Schedule F-1 (attachment)**

Jan. 15, 2021

DATE	NAME	Amount	CATEGORY	ADDRESS	CITY	ZIP
11/3/20	Cynthia Garza	\$5,500.00	contract labor	3225 W. Notre Dame Dr.	Edinburg	78541
10/31/20	IBC	\$64.04	banking fees	1301 Ash Ave.	McAllen	78501
10/22/20	Eliza D. Alvarado	\$6,000.00	consulting	401 Xanthisma	McAllen	78504
10/5/20	Cynthia Garza	\$5,250.00	contract labor	3225 W. Notre Dame Dr.	Edinburg	78541
10/3/20	Eliza D. Alvarado	\$4,000.00	consulting	401 Xanthisma	McAllen	78504
9/7/20	Cynthia Garza	\$1,500.00	contract	3225 W. Notre Dame Dr.	Edinburg	78541
9/1/20	Eliza D. Alvarado	\$5,250.00	consulting	401 Xanthisma	McAllen	78504
9/1/20	Michael Vargas	\$6,000.00	contract labor	712 Yoakum St.	San Benito	78586
8/3/20	Cynthia Garza	\$5,250.00	contract labor	3225 W. Notre Dame Dr.	Edinburg	78541
8/3/20	Michael Vargas	\$6,000.00	contract labor	712 Yoakum St.	San Benito	78586
7/31/20	Eliza D. Alvarado	\$5,250.00	consulting	401 Xanthisma	McAllen	78504
<b>TOTAL</b>		<b>\$50,064.04</b>				