

**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 filed: **8**

3 COMMITTEE NAME

Pharr Forward SPAC

OFFICE USE ONLY	
REC'D Date Received	<i>[Signature]</i>
JAN 27 2022	
CITY OF PHARR CITY CLERKS OFFICE PHARR, TEXAS	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

4 COMMITTEE ADDRESS

Change of Address

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

**612 W. Nolana Ste 250
McAllen TX 78504**

5 CAMPAIGN TREASURER NAME

MS / MRS / MR **Mr.** FIRST **Michael** MI **Anthony**
NICKNAME LAST SUFFIX

Vargas

Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

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
78596**

7 CAMPAIGN TREASURER MAILING ADDRESS

Change of Address

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

- 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
07 / 01 / 21 THROUGH **12 / 31 / 21**

11 ELECTION

ELECTION DATE
Month Day Year

- ELECTION TYPE
- Primary Runoff
 General Special

Other

Description

**Jan 2022
Semi-Annual**

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**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.)

CANDIDATE
 OFFICEHOLDER
 MEASURE

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

CANDIDATE / OFFICEHOLDER NAME
Ambrosio Hernandez - Mayor
Bobby Cerrillo - Pl. 2
Dr. Ramiro Caballero - Pl. 3
Daniel Chavez - Pl. 4

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
Ricardo Medina - Pl. 5
Itza Flores - Pl. 6

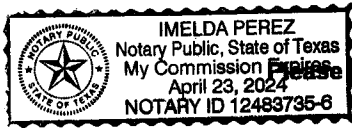
BALLOT IDENTIFICATION / # _____ ELECTION DATE
Month / Day / Year

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>29,000</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,583.07</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>70,681.11</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>487,020.¹⁰</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.

[Handwritten Signature]
Signature of Campaign Treasurer (Declarant)



(1) Affidavit
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Vargas, this the 27th day of JANUARY, 20 22, to certify which, witness my hand and seal of office.

[Handwritten Signature] Imelda Perez Notary
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 <i>Phair Forward SPAC</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>29,000</i>
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>7583.01</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: 1 of 3
2 FILER NAME Pharr Forward PAC		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armando Aguilera, Jr.	7 Amount of contribution (\$) \$5000 -
6 Contributor address; City; State; Zip Code 2301 Stonegate Dr. Mission TX 78572		
8 Principal occupation / Job title (See Instructions) business owner		9 Employer (See Instructions) Self
Date 10/14/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony Davila	Amount of contribution (\$) \$5000 -
Contributor address; City; State; Zip Code 6127 Lazyridge Dr. San Antonio TX 78229		
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) Self
Date 10/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hugo P. Gonzalez, Jr.	Amount of contribution (\$) \$1500 -
Contributor address; City; State; Zip Code 2614 Hython Ave. Edinburg TX 78539		
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) Self
Date 7/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Nassri Warren	Amount of contribution (\$) \$2,500 -
Contributor address; City; State; Zip Code 1801 S. 2nd St., Ste 330 McAllen TX 78503		
Principal occupation / Job title (See Instructions) architect		Employer (See Instructions) Self

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: <i>1 of 3</i>
2 FILER NAME <i>Pharr Forward PAC</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/25/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Javier Garcia</i>	7 Amount of contribution (\$) <i>\$1500</i>
6 Contributor address; City; State; Zip Code <i>14623 Dauber San Antonio TX 78248</i>		
8 Principal occupation / Job title (See Instructions) <i>business owner</i>		9 Employer (See Instructions) <i>self</i>
Date <i>10/12/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hollis V. Rutledge</i>	Amount of contribution (\$) <i>\$750 -</i>
Contributor address; City; State; Zip Code <i>414 N. Mayberry St. Mission TX 78572</i>		
Principal occupation / Job title (See Instructions) <i>business owner</i>		Employer (See Instructions) <i>self</i>
Date <i>10/21/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karl J. Pankratz</i>	Amount of contribution (\$) <i>\$750 -</i>
Contributor address; City; State; Zip Code <i>1301 N. Kerakum Ave. Mission TX 78572</i>		
Principal occupation / Job title (See Instructions) <i>business owner</i>		Employer (See Instructions) <i>self</i>
Date <i>10/15/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pablo Soto, Jr.</i>	Amount of contribution (\$) <i>\$500 -</i>
Contributor address; City; State; Zip Code <i>1208 S. Ironwood Pharr TX 78577</i>		
Principal occupation / Job title (See Instructions) <i>engineer</i>		Employer (See Instructions) <i>self</i>

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: 1 of 3
2 FILER NAME Pharr Forward PAC		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senator Eddre Lucio Campaign	7 Amount of contribution (\$) \$1000 -
6 Contributor address; City; State; Zip Code P.O. Box 5958 Brownsville TX 78523		
8 Principal occupation / Job title (See Instructions) elected official		9 Employer (See Instructions) as listed
Date 9/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James C. Keller	Amount of contribution (\$) \$1000 -
Contributor address; City; State; Zip Code P O Box 2555 McAllen TX 78502		
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) self
Date 10/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger, Goggan, Blair & Sampson, LLP	Amount of contribution (\$) \$500 -
Contributor address; City; State; Zip Code P O Box 17428 Austin TX 78760		
Principal occupation / Job title (See Instructions) law firm		Employer (See Instructions) as listed
Date 9/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keystone Cold, LLC	Amount of contribution (\$) \$1000 -
Contributor address; City; State; Zip Code 9801 S. Keystone Dr. Pharr TX 78577		
Principal occupation / Job title (See Instructions) cold storage facility		Employer (See Instructions) as listed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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

1 Total pages Schedule F1: <i>1 of 2</i>	2 FILER NAME <i>Pharr Forward SPAC</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/16/21</i>	5 Payee name <i>Debbie Gomez</i>
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6 Amount (\$) <i>\$608.⁰⁷</i>	7 Payee address; <i>220 S. Jackson Rd.</i>	City; <i>Edinburg TX</i>	State;	Zip Code <i>78539</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Reimbursement / event expense</i>	(b) Description <i>event supplies Coffee station</i>
	(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 <i>- Pharr Forward SPAC -</i>	Office sought	Office held
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Date <i>12/6/21</i>	Payee name <i>XPress Printing</i>
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Amount (\$) <i>\$805.⁰⁰</i>	Payee address; <i>3017 S Sugar Rd.</i>	City; <i>Edinburg TX</i>	State;	Zip Code <i>78539</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>shirts/apparel printing</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 <i>- Pharr Forward SPAC -</i>	Office sought	Office held
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Date <i>10/19/21</i>	Payee name <i>Albert Morales</i>
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Amount (\$) <i>\$470⁻</i>	Payee address;	City; <i>Edinburg TX</i>	State;	Zip Code <i>78539</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>incentive items</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 <i>- Pharr Forward SPAC -</i>	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: <i>2 of 2</i>	2 FILER NAME <i>Pharr Forward SPAC</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/19/21</i>	5 Payee name <i>Prisylla Jasso</i>	
6 Amount (\$) <i>\$2500-</i>	7 Payee address: <i>612 W. Nolana, Suite 250</i>	City: <i>McAllen</i> State: <i>TX</i> Zip Code: <i>78504</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>consulting expense</i>	(b) Description <i>Campaign/compliance consulting</i>
	(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 <i>- Pharr Forward SPAC -</i>	Office sought Office held

Date <i>10/19/21</i>	Payee name <i>Etik Solutions</i>	
Amount (\$) <i>\$2800-</i>	Payee address: <i>612 W. Nolana, Suite 250</i>	City: <i>McAllen</i> State: <i>TX</i> Zip Code: <i>78504</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>consulting expense</i>	Description <i>Campaign consulting</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 <i>- Pharr Forward SPAC -</i>	Office sought Office held

Date <i>9/2/21</i>	Payee name <i>PSJA Quarterback Club</i>	
Amount (\$) <i>\$400-</i>	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>donation by candidate</i>	Description <i>donation</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 <i>- Pharr Forward SPAC -</i>	Office sought Office held

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