

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: **11**

3 COMMITTEE NAME

Pharr Forward SPAC

OFFICE USE ONLY

REC'D
CC

Date Received *[Signature]*

JAN 08 2024

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

**1212 W. Nolana, Ste. 250
McAllen TX 78504**

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Ms Eliza

NICKNAME LAST SUFFIX

Alvarado

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

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

401 Xanthisma Ave. McAllen TX 78504

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) 451-3005

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 THROUGH Month Day Year

01 / 01 / 23 THROUGH 12 / 31 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other

General Special Description: **Semi-Annual**

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Pharr Fwd 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
A. Hernandez, B. Carrillo, R. Medina, I. Flores, M. Pacheco, R. Caballero, D. Chavez,

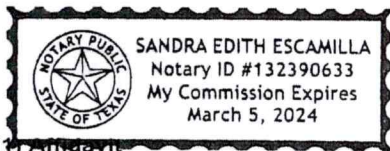
OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
Mayor, Commissioners Pl. 1, Pl. 2, Pl. 3, Pl. 4, Pl. 5, Pl. 6

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)	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>43,000⁻</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>15,680.96</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>78,144.28</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.



Eliza Alvarado
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

Sworn to and subscribed before me by the said Eliza Alvarado, this the 8th day of January, 202024, to certify which, witness my hand and seal of office.

Sandra E. Escamilla Signature of officer administering oath
Sandra E. Escamilla Printed name of officer administering oath
Notary 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>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>43,000⁻</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>15,680⁹⁶</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: <i>1 of 6</i>
2 FILER NAME <i>Pharr Forward SPAC</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/27/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terracon PAC</i>	7 Amount of contribution (\$) <i>\$1,500 -</i>
6 Contributor address; City; State; Zip Code <i>10841 S. Ridgerview Rd. Dlathe KS 66061</i>		
8 Principal occupation / Job title (See Instructions) <i>political action committee</i>		9 Employer (See Instructions) <i>as listed</i>
Date <i>12/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lowry Family Holdings LLC</i>	Amount of contribution (\$) <i>\$5,000 -</i>
Contributor address; City; State; Zip Code <i>P O Box 3419 Harlingen TX 78551</i>		
Principal occupation / Job title (See Instructions) <i>family business trust</i>		Employer (See Instructions) <i>as listed</i>
Date <i>12/19/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose Alberto Vela</i>	Amount of contribution (\$) <i>\$1,500 -</i>
Contributor address; City; State; Zip Code <i>1405 Melinda Dr. Mission TX 78572</i>		
Principal occupation / Job title (See Instructions) <i>self employed</i>		Employer (See Instructions) <i>self</i>
Date <i>12/16/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lan-Rod Investments LLC</i>	Amount of contribution (\$) <i>\$1,500 -</i>
Contributor address; City; State; Zip Code <i>5419 N. Cage Blvd. Pharr TX 78577</i>		
Principal occupation / Job title (See Instructions) <i>local college educational inst.</i>		Employer (See Instructions) <i>as listed</i>
<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>		

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 6
2 FILER NAME Pharr Forward SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auriel Investments, LLC	7 Amount of contribution (\$) \$1,500 -
6 Contributor address; City; State; Zip Code 1200 Auburn Ave. #250 McAllen TX 78504		
8 Principal occupation / Job title (See Instructions) Commercial/real estate company		9 Employer (See Instructions) As listed
Date 12/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime Jerry Munoz	Amount of contribution (\$) \$5,000 -
Contributor address; City; State; Zip Code P O Box 47 San Juan TX 78589		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 12/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hidalgo Co. Property Tax Service, LTD	Amount of contribution (\$) \$1,000 -
Contributor address; City; State; Zip Code 6013 N. 10th St. McAllen TX 78504		
Principal occupation / Job title (See Instructions) tax service company		Employer (See Instructions) As listed
Date 12/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar R. Gonzalez	Amount of contribution (\$) \$750 -
Contributor address; City; State; Zip Code 208 W. Ferguson, Unit 1 Pharr TX 78577		
Principal occupation / Job title (See Instructions) CPA		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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 6
2 FILER NAME Pharr Forward SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 12/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Memorial Funeral San Juan LLC	7 Amount of contribution (\$) \$1,500 -
6 Contributor address; City; State; Zip Code P O Box 125 San Juan Tx 78589		
8 Principal occupation / Job title (See Instructions) funeral services		9 Employer (See Instructions) as listed
Date 12/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfredo del Barrio, Jr.	Amount of contribution (\$) \$1,500 -
Contributor address; City; State; Zip Code 2313 Country Ln. Palmhurst Tx 78573		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) self
Date 12/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M. Palacios & Sons	Amount of contribution (\$) \$1,500 -
Contributor address; City; State; Zip Code 1899 N. Cage Pharr Tx 78577		
Principal occupation / Job title (See Instructions) fleet company		Employer (See Instructions) as listed
Date 12/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Gonzalez	Amount of contribution (\$) \$750 -
Contributor address; City; State; Zip Code 5928 N. Cynthia A. McAllen Tx 78504		
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) self

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: 486
2 FILER NAME Pharr Forward SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 12/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian A. Godinez	7 Amount of contribution (\$) \$/,500-
6 Contributor address; City; State; Zip Code 5007 N. 9th St. McAllen TX 78504		
8 Principal occupation / Job title (See Instructions) C.M.O./Chief Marketing Officer		9 Employer (See Instructions) ERO Architects
Date 12/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Member Construction LLC	Amount of contribution (\$) \$/,500-
Contributor address; City; State; Zip Code P O Box 250 McAllen TX 78505		
Principal occupation / Job title (See Instructions) Construction company		Employer (See Instructions) as listed
Date 12/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Brandon Fielder, Collins + Mott, LLP	Amount of contribution (\$) \$/,500-
Contributor address; City; State; Zip Code 1235 N. Loop W, Ste 600 Houston TX 77008		
Principal occupation / Job title (See Instructions) law firm		Employer (See Instructions) as listed
Date 12/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joaquin M. Spamer	Amount of contribution (\$) \$/,500-
Contributor address; City; State; Zip Code 6800 S. Int. Pwy #10 McAllen TX 78503		
Principal occupation / Job title (See Instructions) self employed		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: 5 of 6
2 FILER NAME Pharr Forward SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 12/11/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Canales St. Rep. Campaign Funds 6 Contributor address; City; State; Zip Code 2127 W. University Dr. Edinburg Tx 78539	7 Amount of contribution (\$) \$1,500 -
8 Principal occupation / Job title (See Instructions) state rep		9 Employer (See Instructions) as listed
Date 12/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Francis Phillips Contributor address; City; State; Zip Code 1312 Bluebird Ave. McAllen Tx 78504	Amount of contribution (\$) \$1,500 -
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 12/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan R. Gonzalez Contributor address; City; State; Zip Code 724 W. Monte Cristo Edinburg Tx 78541	Amount of contribution (\$) \$1,500 -
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) Self
Date 12/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flor E. Medrano Contributor address; City; State; Zip Code 1306 E. Standard Ave. San Juan Tx 78589	Amount of contribution (\$) \$1,500 -
Principal occupation / Job title (See Instructions) self employed		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: 686
2 FILER NAME Pharr Forward SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 12/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger, Goggan, Blair + Sampson, LLP 6 Contributor address; City; State; Zip Code P O Box 17428 Austin TX 78760	7 Amount of contribution (\$) \$5,000 -
8 Principal occupation / Job title (See Instructions) law firm		9 Employer (See Instructions) as listed
Date 11/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TCA Logistics, LLC Contributor address; City; State; Zip Code P O Box 2408 McAllen TX 78502	Amount of contribution (\$) \$1,500 -
Principal occupation / Job title (See Instructions) transport company		Employer (See Instructions) as listed
Date 11/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynosa Assoc. of Maquiladoras + Manufacturer Foundation Contributor address; City; State; Zip Code P O Box 8730 Hidalgo TX 78557	Amount of contribution (\$) \$1,500 -
Principal occupation / Job title (See Instructions) Manufacturer foundation		Employer (See Instructions) as listed
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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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 Expense
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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>12/18/23</i>	5 Payee name <i>Michael Vargas</i>
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6 Amount (\$) <i>\$5,000-</i>	7 Payee address; <i>349 S. Helen Moore Rd. #4102</i>	City: <i>San Benito</i>	State: <i>Tx</i>	Zip Code <i>78586</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>consulting expense</i>	(b) Description <i>Pac 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/20/23</i>	Payee name <i>Michael Vargas</i>
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Amount (\$) <i>\$5,000-</i>	Payee address; <i>349 S. Helen Moore Rd. #4102</i>	City: <i>San Benito</i>	State: <i>Tx</i>	Zip Code <i>78586</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>consulting expense</i>	Description <i>Pac 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/1/23</i>	Payee name <i>Advance Publishing LLC</i>
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Amount (\$) <i>\$3,952.⁵⁰</i>	Payee address; <i>6950 Fulton St.</i>	City: <i>Houston</i>	State: <i>Tx</i>	Zip Code <i>77022</i>
---------------------------------------------	------------------------------------------	-------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing expense</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 <u>ONLY</u> 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 Forward PAC	3 Filer ID (Ethics Commission Filers)
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4 Date 9/18/23	5 Payee name Key Perez
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6 Amount (\$) \$190.96	7 Payee address; Pharr TX 78577	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) reimbursement	(b) Description event reimbursement
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/1/23	Payee name Tierra Del Sol Golf Course
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Amount (\$) \$1,537.50	Payee address; 700 E. Hall Acres Pharr TX 78577	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	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	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED