

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: 7									
3 COMMITTEE NAME Pharr Forward SPAC			OFFICE USE ONLY <hr/> Date Received James <hr/> <div style="border: 1px solid red; padding: 5px; text-align: center; color: red; font-weight: bold;"> JUL 13 2023 CITY OF PHARR CITY CLERKS OFFICE PHARR, TEXAS </div> <hr/> Date Hand-delivered or Date Postmarked Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged									
4 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											
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Michael Anthony <hr/> NICKNAME LAST SUFFIX Vargas		Date Hand-delivered or Date Postmarked Receipt # Amount \$ <hr/> Date Processed <hr/> 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 78586											
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> 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	<table style="width:100%; border: none;"> <tr> <td><input 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 checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution Report (Attached PAC-FR)</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 type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution Report (Attached PAC-FR)		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <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; font-size: 1.5em;">04 / 27 / 23</td> <td></td> <td style="text-align: center; font-size: 1.5em;">06 / 30 / 23</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	04 / 27 / 23		06 / 30 / 23			
Month Day Year	THROUGH	Month Day Year										
04 / 27 / 23		06 / 30 / 23										
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">ELECTION DATE Month Day Year</td> <td colspan="2" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">/ /</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other </td> <td></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> General <input type="checkbox"/> Special </td> <td>Description _____</td> </tr> </table>			ELECTION DATE Month Day Year	ELECTION TYPE		/ /	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other			<input type="checkbox"/> General <input type="checkbox"/> Special	Description _____
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/ /	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other											
	<input type="checkbox"/> General <input type="checkbox"/> Special	Description _____										

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.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE <input checked="" type="checkbox"/> OFFICEHOLDER <input type="checkbox"/> MEASURE	CANDIDATE/OFFICEHOLDER NAME <u>Ambrosia Hernandez-Major</u> <u>Michael Pacheco - PI. 1</u> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>Bobby Carrillo - PI. 2</u> <u>Dr. Ramiro Gabalero - PI. 3</u> Daniel Chavez - PI. 4 Ricardo Medina - PI. 5 Itza Flores - PI. 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>68,000⁻</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>15,000⁻</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>25,990.¹⁷</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>64,968.⁷⁰</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.

[Handwritten Signature]
 Signature of Campaign Treasurer (Declarant)



(1) Affidavit Please complete either option below.

Sworn to and subscribed before me, by the said Michael Vargas, this the 13th day of July, 2023, to certify which, witness my hand and seal of office.

[Handwritten Signature] Imelda Perez Public Notary
 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		\$ 15,000 ⁻
2. <input checked="" type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 68,000 ⁻
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		\$ 25,990. ¹¹
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 2
2 FILER NAME Pharr Forward SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 9/2/23	5 Full name of contributor out-of-state PAC (ID#: _____) Ricky Red Law Group, PLLC	7 Amount of contribution (\$) \$1,500
6 Contributor address; City; State; Zip Code 505 W. Cano St. Edinburg Tx 78539		
8 Principal occupation / Job title (See Instructions) law firm		9 Employer (See Instructions) as listed
Date 5/4/23	Full name of contributor out-of-state PAC (ID#: _____) J + S Construction Mgmt., LLC	Amount of contribution (\$) \$1,000-
Contributor address; City; State; Zip Code 109 W. Dickeer Rd. Ste. B San Juan Tx 78589		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/27/23	Full name of contributor out-of-state PAC (ID#: _____) Antojitos Mexicanos, LLC	Amount of contribution (\$) \$2,000-
Contributor address; City; State; Zip Code 2306 E. Expy 83, Ste 1 Mission Tx 78572		
Principal occupation / Job title (See Instructions) Food services		Employer (See Instructions) as listed
Date 4/27/23	Full name of contributor out-of-state PAC (ID#: _____) Trisha M. Salazar	Amount of contribution (\$) \$2000-
Contributor address; City; State; Zip Code 1031 Valle Vista St. Alamo Tx 78516		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) Self
<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: <i>2 of 2</i>
2 FILER NAME <i>Pharr Forward SPAC</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/27/23</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>J + R Engineering, LLC</i>	7 Amount of contribution (\$) <i>\$2,500-</i>
6 Contributor address; City; State; Zip Code <i>1209 S. 10th St. #A-539 McAllen TX 78501</i>		
8 Principal occupation / Job title (See Instructions) <i>Engineering firm</i>		9 Employer (See Instructions) <i>as listed</i>
Date <i>5/4/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Javier Garcia</i>	Amount of contribution (\$) <i>\$1,500-</i>
Contributor address; City; State; Zip Code <i>14623 Dauber San Antonio Tx 78248</i>		
Principal occupation / Job title (See Instructions) <i>Self employed</i>		Employer (See Instructions) <i>Self</i>
Date <i>4/27/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Patricia A. Rigney</i>	Amount of contribution (\$) <i>\$2,500-</i>
Contributor address; City; State; Zip Code <i>Edinburg Tx 78539</i>		
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>Self</i>
Date <i>4/27/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Ricardo Perez</i>	Amount of contribution (\$) <i>\$2,000-</i>
Contributor address; City; State; Zip Code <i>P O Box 4629 McAllen Tx 78502</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Pharr Forward SPAC</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>68,000-</u>	
5 Date <u>4/27/23</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ambrosio Hernandez, MD</u>	8 Amount of Contribution \$ <u>\$68,000-</u>	9 In-kind contribution description <u>Campaign Expenses</u>
7 Contributor address; City; State; Zip Code <u>2000 Dana St. Pharr TX 78577</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Physician / mayor</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Self</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<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	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: 5/1/23	5 Payee name: Upper Valley Mail Services
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6 Amount (\$): \$20,122. ⁹⁰	7 Payee address; City; State; Zip Code: 1418 Beech Ave. # 109 McAllen Tx 78501
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Printing expense	(b) Description: campaign mailers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 5/1/23	Payee name: Prisylla Jasso
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Amount (\$): \$3,800	Payee address; City; State; Zip Code: 612 W. Nolana Ste. 250 McAllen Tx 78504
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Consulting expense	Description: campaign consulting
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 5/4/23	Payee name: Public Research Group
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Amount (\$): \$2,067. ²¹	Payee address; City; State; Zip Code: publicresearchgroup.com Washington DC
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): consulting expense	Description: Campaign Consulting
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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