

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|--|--|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 2 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Dr. | FIRST Ramiro | MI |
| | NICKNAME | LAST Caballero | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; | APT / SUITE #; | CITY; STATE; ZIP CODE |
| Change of Address | 819 W. Moore Rd | Pharr | TX 78577 |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (956) | PHONE NUMBER 821-4470 | EXTENSION |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Marilanda | MI P |
| | NICKNAME | LAST Caballero | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; | | CITY; STATE; ZIP CODE |
| (Residence or Business) | 819 W. Moore Rd | | Pharr TX 78577 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (956) | PHONE NUMBER 655-0850 | EXTENSION |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year 1 / 1 / 22 | | THROUGH Month Day Year 6 / 30 / 22 |
| 11 ELECTION | ELECTION DATE Month Day Year / / | ELECTION TYPE Primary Runoff <input checked="" type="checkbox"/> Other Description General Special JULY 2022 SEMI-ANNUAL REPORT | |
| 12 OFFICE | OFFICE HELD (if any) Commissioner, Pl. 3, City of Pharr | 13 OFFICE SOUGHT (if known) | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | |
| Additional Pages | COMMITTEE TYPE GENERAL <input checked="" type="checkbox"/> SPECIFIC | COMMITTEE NAME Pharr Forward SPAC | |
| | | COMMITTEE ADDRESS 612 W. Nolana, Suite 250 McAllen, TX 78504 | |
| | | COMMITTEE CAMPAIGN TREASURER NAME Mr. Michael Anthony Vargas | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS 349 S. Helen Moore Rd. #4102 San Benito, TX 78586 | |

OFFICE USE ONLY

Date Received
REC'D CC *AP*

JUL 15 2022

CITY OF PHARR
CITY CLERK'S OFFICE
PHARR, TEXAS

Date Hand-delivered to Date Received

| | |
|----------------|-------------|
| Receipt # | Amount \$ |
| Date Processed | Date Imaged |

GO TO PAGE 2

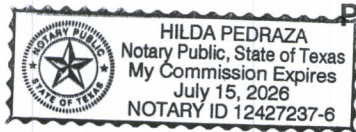
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|--------------------------------------|---|--|
| 15 C/OH NAME Dr. Ramiro Caballero | | 16 Filer ID (Ethics Commission Filers) |
| 17 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) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

18 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.

Ramiro Caballero
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ramiro Caballero this the 15 day of July

20 22, to certify which, witness my hand and seal of office.

Hilda Pedraza Hilda Pedraza Notary Public
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 Candidate/Officeholder (Declarant)