

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	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr		Ricardo	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX;	APT / SUITE #; CITY; STATE; ZIP CODE
Change of Address		401 Woodland Dr.	Pharr TX 78577
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER EXTENSION
		(956)	821-7905
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr.		Raul	
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STATE; ZIP CODE
(Residence or Business)		1316 Daffodil	Pharr TX 78577
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER EXTENSION
		(956)	340-7150
9 REPORT TYPE		<input checked="" 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 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	Month Day Year
		7 / 1 / 21	THROUGH 12 / 31 / 21
11 ELECTION		ELECTION DATE	ELECTION TYPE
		Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special JANUARY 2022 SEMI ANNUAL
12 OFFICE		OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
		Commissioner, Pl. 5, City of Pharr	
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	COMMITTEE NAME
		GENERAL	Pharr Forward SPAC
			COMMITTEE ADDRESS
			612 W. Nolana, Suite 250 McAllen, TX 78504
		<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	Mr. Michael Anthony Vargas		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	349 S. Helen Moore Rd. #4102 San Benito, TX 78586		

REC'D OFFICE USE ONLY

Date Received

JAN 27 2022

CITY OF PHARR
CITY CLERKS OFFICE
PHARR, TEXAS

Date Hand-delivered or Date Postmarked

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

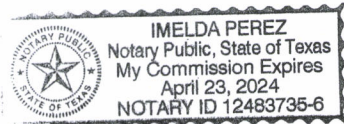
15 C/OH NAME Mr. Ricardo Medina		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES 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.

Ricardo Medina
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ricardo Medina this the 27th day of January, 2022, to certify which witness my hand and seal of office.

Imelda Perez Signature of officer administering oath
IMELDA PEREZ Printed name of officer administering oath
Notary 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)