CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY REC **OFFICEHOLDER** MR. **RICARDO** NAME SUFFIXCC NICKNAME LAST **MEDINA** 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY; STATE: ZIP CODE JUL 1 2 2024 **OFFICEHOLDER** MAILING TX 401 Woodland Dr. Pharr 78577 **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered of Date Posimarked OFFICEHOLDER (956 821-7905 PHONE Receipt # Amount \$ FIRST MS / MRS / MR 6 CAMPAIGN MI TREASURER Raul P Mr Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Gonzalez STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE: ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** 1316 Daffodil Pharr TX 78577 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (956 340-7150 9 REPORT TYPE January 15 30th day before election Runof 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Month Day COVERED 30 / 24 24 THROUGH ELECTION DATE 11 ELECTION ELECTION TYPE Primary Runoff Other Month Day Year Description SEMI-ANNUAL REPORT July 2024 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Commissioner Pl. 5 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME PHARR FORWARD SPAC COMMITTEE ADDRESS GENERAL 612 W. Nolana, Suite 250 McAllen, TX 78504 Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC Ms. Eliza Alvarado COMMITTEE CAMPAIGN TREASURER ADDRESS McAllen, TX 78504 401 Xanthisma Ave. **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	V FINANCE REPORT		
15 C/OH NAME	MR. RICARDO MEDINA	16 Filer ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	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	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and inclu	des all information
Ban Med			
Signature of Candidate or Officeholder			
	Please complete either option below	r:	
(1) Affidavit	IMELDA PEREZ Notary Public, State of Texas My Commission Expires April 23, 2028 NOTARY ID 12483735-6		
NOTARY STAMP/SEA	ı		
Sworn to and subscribed	\mathcal{O} .	1245 day of (July.
20 <u>24</u> , to certify	which, witness my hand and seal of office.	Public	16.1
Signature of officer administer	ering oath Printed name of officer administering oath	Title of officer	7 1 11 4
Signature of officer administra	OR	Title of officer	administering bath
(2) Unsworn Declarati			
My name is	, and my date of birth is		
		state) (zip code)	(country)
Executed in	County, State of , on the day of	, 20, (year)	
			arant)
Signature of Candidate/Officeholder (Declarant)			