

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 Mr. | FIRST Bobby | MI | <div style="border: 1px solid black; padding: 5px;"> <p>OFFICE USE ONLY</p> <p>Date Received RECEIVED AT 4:30 O'CLOCK AM/PM</p> <p>JAN 15 2021</p> <p>CITY MANAGER'S OFFICE BY: <i>Yolanda Ruiz</i></p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> </div> | Receipt # | Amount \$ | Date Processed | | Date Imaged | |
| | Receipt # | Amount \$ | | | | | | | | |
| Date Processed | | | | | | | | | | |
| Date Imaged | | | | | | | | | | |
| NICKNAME Carrillo | LAST | SUFFIX | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; P O Box 1861 | APT / SUITE #; | CITY; Pharr | | | | | | | |
| | STATE; TX | ZIP CODE 78577 | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (956) | PHONE NUMBER 227-4221 | EXTENSION | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Prisylla | MI Ann | | | | | | | |
| | NICKNAME | LAST Jasso | SUFFIX | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 612 W. Nolana, Suite 250 | | CITY; McAllen | | | | | | | |
| | | | STATE; TX | | | | | | | |
| | | | ZIP CODE 78504 | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (956) | PHONE NUMBER 467-6030 | EXTENSION | | | | | | | |
| 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | |
| 10 PERIOD COVERED | Month 07 | Day 01 | Year 2020 | | | | | | | |
| | THROUGH | | Month 12 | | | | | | | |
| | | | Day 31 | | | | | | | |
| | | | Year 2020 | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year / / | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special n/a | | | | | | | |
| | 12 OFFICE OFFICE HELD (if any) Commissioner, Pl. 2 City of Pharr | | 13 OFFICE SOUGHT (if known) | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Mr. Bobby Carrillo** 15 Filer ID (Ethics Commission Filers)

16 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.

GENERAL
 SPECIFIC

COMMITTEE TYPE: SPECIFIC

COMMITTEE NAME: **Pharr Forward SPAC**

COMMITTEE ADDRESS: **612 W. Nolana, Suite 250 McAllen , TX 78504**

COMMITTEE CAMPAIGN TREASURER NAME: **Dr. Eliza Alvarado**


COMMITTEE CAMPAIGN TREASURER ADDRESS: **401 Xanthisma McAllen, TX 78504**

Additional Pages

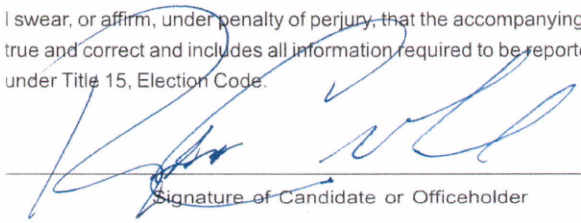
| | | |
|-------------------------|---|------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

18 AFFIDAVIT


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.



AFFIX NOTARY STAMP / SEAL ABOVE


Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bobby Carrillo, this the 15th day of January, 2021, to certify which, witness my hand and seal of office.

 Hilda Pedraza Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath