

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	OFFICE USE ONLY			
	Mr.	Michael	E				
	NICKNAME	LAST	SUFFIX	Date Received			
		Pacheco		RECEIVED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
Change of Address	805 W. Seminole Ave.		Pharr	TX	78577		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-Delivered or Date Postmarked			
	(956)	739-5172					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$		
	Mr.	Michael	E	Date Processed			
	NICKNAME	LAST	SUFFIX	Date Imaged			
		Pacheco					
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
(Residence or Business)	805 W. Seminole Ave.		Pharr	TX	78577		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(956)	739-5172					
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☒ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	1	1	25	THROUGH	6	30	25
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	Primary	Runoff	☒ Other Description	
				General	Special	SEMI-ANNUAL REPORT July 2025	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	Commissioner Pl. 1						
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					
		COMMITTEE CAMPAIGN TREASURER NAME					
		Ms. Eliza Alvarado					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		401 Xanthisma Ave. McAllen, TX 78504					

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15 C/OH NAME Mr. Michael E. Pacheco		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	\$ 39.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

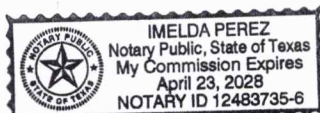
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Michael Pacheco this the 15th day of July, 2025, to certify which, witness my hand and seal of office.

Imelda Perez Imelda Perez 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)