# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM SPAC**
**COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers):

2 Total pages filed: 5

**OFFICE USE ONLY**

Date Received
RECEIVED
JUL 15 2025
CITY CLERK'S OFFICE
ALESSANDRA GARCIA

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 COMMITTEE NAME
PHARR FORWARD SPAC

4 COMMITTEE ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
612 W. Nolana Ave., Ste. 250 McAllen TX 78504

5 CAMPAIGN TREASURER NAME
MS / MRS / MR: Dr.
FIRST: Eliza
MI:
NICKNAME:
LAST: Alvarado
SUFFIX:

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
401 Xanthisma McAllen TX 78504

7 CAMPAIGN TREASURER MAILING ADDRESS
☐ Change of Address
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
( 956 ) 451-3005

9 REPORT TYPE
☐ January 15
☒ July 15
☐ 30th day before election
☐ 8th day before election
☐ Runoff
☐ Exceeded Modified Reporting Limit
☐ Dissolution Report (Attached PAC-FR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year: 01 / 01 / 2025 THROUGH Month Day Year: 06 / 30 / 2025

11 ELECTION
ELECTION DATE: Month / Day / Year
ELECTION TYPE
☐ Primary ☐ Runoff ☒ Other
☐ General ☐ Special
Description: July 2025 Semi-Annual

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC**
**COVER SHEET PG 2**

**12** COMMITTEE NAME: PHARR FORWARD SPAC

**13** Filer ID (Ethics Commission Filers):

**14** COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)

- [X] SUPPORT (Candidate or Measure)
- [ ] OPPOSE (Candidate or Measure)
- [ ] ASSIST (Officeholder)

- [ ] CANDIDATE
- [X] OFFICEHOLDER
- [ ] MEASURE

CANDIDATE / OFFICEHOLDER NAME: Ambrosio Hernandez-Mayor, Michael Pacheco-Pl.1, Bobby Carrillo-Pl.2, Ramiro Caballero-Pl.3, Daniel Chavez-Pl.4

~~OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)~~: Ricardo Medina-Pl.5, Itza Flores-Pl.6 (all officeholders)

BALLOT IDENTIFICATION / #:

ELECTION DATE: Month / Day / Year

DESCRIPTION:

| | | | |
|---|---|---|---|
| **15** 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 EXPENDITURES | $ |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 0.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 68,194.76 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 487,020.16 |

**16** 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.

NICOLE LIZETTE JASSO
Notary ID #124165401
My Commission Expires
July 28, 2028

Signature of Campaign Treasurer (Declarant)

NICOLE LIZETTE JASSO
Notary ID #124165401
My Commission Expires
July 28, 2028

**Please complete either option below:**

**(1) Affidavit**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Eliza Alvarado, this the 14th day of July, 20 25, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Nicole Jasso (Printed name of officer administering oath) | Notary Public (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 _____ (month), 20_____ (year).

_____
Signature of Campaign Treasurer (Declarant)

# SUBTOTALS - SPAC

**FORM SPAC**
**COVER SHEET PG 3**

| 17 COMMITTEE NAME | 18 Filer ID (Ethics Commission Filers) |
|---|---|
| PHARR FORWARD SPAC | |

| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☐ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ |
| 2. | ☐ | SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ |
| 3. | ☐ | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ☐ | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | $ |
| 5. | ☐ | SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | $ |
| 6. | ☐ | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION | $ |
| 7. | ☐ | SCHEDULE E: LOANS | $ |
| 8. | ☒ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 15,775.00 |
| 9. | ☐ | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 10. | ☐ | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 11. | ☐ | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
| 12. | ☐ | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ |
| 13. | ☐ | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 14. | ☐ | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 2 | PHARR FORWARD SPAC | |

| 4 Date | 5 Payee name |
|---|---|
| 04/15/2025 | A1 Skylight Sign |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| $6,175.00 | 1301 Macco Dr. | Pharr | TX | 78577 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | advertising | signs |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 01/22/2025 | Prisylla Jasso |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| $3,300 | 612 W. Nolana, Ste. 250 | McAllen | TX | 78504 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | consulting expense | spac consulting - Jan.2025 |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 01/22/2025 | Prisylla Jasso |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| $3,300 | 612 W. Nolana, Ste. 250 | McAllen | TX | 78504 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | consulting expense | spac consulting |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
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Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
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| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 2 | PHARR FORWARD SPAC | |

| 4 Date | 5 Payee name |
|---|---|
| 01/22/2025 | City of Pharr |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| $1,000.00 | 118 S. Cage Blvd. | Pharr | TX | 78577 |

**8 PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule): fees

(b) Description: filing fee - Bobby Carrillo

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**9** Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

| Date | Payee name |
|---|---|
| 01/22/2025 | City of Pharr |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| $1,000 | 118 S. Cage Blvd. | Pharr | TX | 78577 |

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): fees

Description: filing fee - Ramiro Caballero

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

| Date | Payee name |
|---|---|
| 01/22/2025 | City of Pharr |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| $1,000 | 118 S. Cage Blvd. | Pharr | TX | 78577 |

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): fees

Description: filing fee - Daniel Chavez

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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