

# 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: <b>2</b>								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Dr.</span> <span>Ambrosio</span> <span></span> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Amos</span> <span>Hernandez</span> <span></span> </div>	<b>OFFICE USE ONLY</b>  <div style="text-align: center; font-size: 1.2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold;">JAN 15 2026</div> <div style="text-align: center; color: blue; font-weight: bold;">CITY CLERK'S OFFICE IMELDA PEREZ</div> <div style="font-size: 0.8em;">Date Received</div> <div style="font-size: 0.8em;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Receipt #</span> <span>Amount \$</span> </div> <div style="font-size: 0.8em;">Date Processed</div> <div style="font-size: 0.8em;">Date Imaged</div>									
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>ADDRESS / PO BOX:</span> <span>APT / SUITE #:</span> <span>CITY:</span> <span>STATE:</span> <span>ZIP CODE</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>2000 Dana St.</span> <span>Pharr</span> <span>TX</span> <span>78577</span> </div>										
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>(956 )</span> <span>648-4019</span> </div>										
<b>6</b> CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Ms.</span> <span>Eliza</span> <span></span> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Alvarado</span> <span></span> </div>										
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>STREET ADDRESS (NO PO BOX PLEASE):</span> <span>APT / SUITE #:</span> <span>CITY:</span> <span>STATE:</span> <span>ZIP CODE</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>401 Xanthisma</span> <span>McAllen</span> <span>TX</span> <span>78504</span> </div>										
<b>8</b> CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>( 956 )</span> <span>451-3005</span> </div>										
<b>9</b> REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
<b>10</b> PERIOD COVERED	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> Month    Day    Year  7    /    1    /    25 </div> <div>THROUGH</div> <div> Month    Day    Year  12    /    31    /    25 </div> </div>										
<b>11</b> ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE  Month    Day    Year  /    /    </div> <div style="width: 60%;"> ELECTION TYPE  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Primary</span> <span>Runoff</span> <span><input checked="" type="checkbox"/> Other Description</span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>General</span> <span>Special</span> <span>SEMI-ANNUAL REPORT JAN. 2026</span> </div> </div> </div>										
<b>12</b> OFFICE	OFFICE HELD (if any) <b>Mayor</b>	<b>13</b> OFFICE SOUGHT (if known)									
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <div style="text-align: right; font-size: 0.8em;">Additional Pages</div>	<div style="font-size: 0.8em;">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.</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width: 20%; vertical-align: top;">COMMITTEE TYPE</td> <td>COMMITTEE NAME <b>PHARR FORWARD SPAC</b></td> </tr> <tr> <td style="vertical-align: top;">GENERAL</td> <td>COMMITTEE ADDRESS <b>612 W. Nolana, Suite 250    McAllen, TX 78504</b></td> </tr> <tr> <td style="vertical-align: top;"><input checked="" type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME <b>Ms. Eliza Alvarado</b></td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS <b>401 Xanthisma Ave.    McAllen, TX 78504</b></td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME <b>PHARR FORWARD SPAC</b>	GENERAL	COMMITTEE ADDRESS <b>612 W. Nolana, Suite 250    McAllen, TX 78504</b>	<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME <b>Ms. Eliza Alvarado</b>		COMMITTEE CAMPAIGN TREASURER ADDRESS <b>401 Xanthisma Ave.    McAllen, TX 78504</b>
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GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

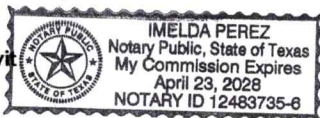
<b>15 C/OH NAME</b> Dr. Ambrosio "Amos" Hernandez		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 251,773.50
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 267,126.91

**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 Ambrosio Hernandez this the 15th day of January, 2020, to certify which, witness my hand and seal of office.

*[Signature]* 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)