

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

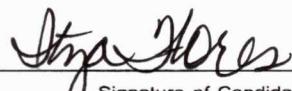
|   |   |  |                                       |  |                          |                                      |                          |   |
|---|---|--|---------------------------------------|--|--------------------------|--------------------------------------|--------------------------|---|
| The C/OH Instruction Guide explains how to complete this form.                              |   |  | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed:   | 2                        |                                      |                          |   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME<br><br><small>Change of Address</small>               | MS / MRS / MR   | FIRST<br>MS. ITZA  | MI                                    | <b>OFFICE USE ONLY</b><br><small>Date Received</small><br><b>RECEIVED</b><br><small>JAN 15 2026</small><br><b>CITY CLERK'S OFFICE</b><br><b>IMELDA PEREZ</b>                                   |                          |                                      |                          |   |
|   | NICKNAME  | LAST<br>FLORES   | SUFFIX                                |  |                          |                                      |                          |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><small>Change of Address</small> | ADDRESS / PO BOX:   | APT / SUITE #:   | CITY:                                 | STATE:   | ZIP CODE                 |                                      |                          |   |
|   | 1807 S. Erica   |  | Pharr                                 | TX   | 78577                    |                                      |                          |   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE   | AREA CODE<br>(956 )   | PHONE NUMBER<br>460-3259   | EXTENSION                             |  |                          |                                      |                          |   |
| 6 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR   | FIRST<br>Ms Denelle  | MI                                    | <small>Date Hand-delivered or Date Postmarked</small><br><small>Receipt #</small> <input type="text"/> <small>Amount \$</small><br><small>Date Processed</small><br><small>Date Imaged</small> |                          |                                      |                          |   |
|   | NICKNAME  | LAST<br>Hernandez  | SUFFIX                                |  |                          |                                      |                          |   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br><small>(Residence or Business)</small>            | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:   |  |                                       | CITY:  | STATE: ZIP CODE          |                                      |                          |   |
|   | 1015 E. Kathy   |  |                                       | Pharr  | TX 78577                 |                                      |                          |   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE<br>( 956 )  | PHONE NUMBER<br>343-4458   | 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<br>treasurer appointment<br>(Officeholder Only) |
|   | <input type="checkbox"/>  | July 15  | <input type="checkbox"/>              | 8th day before election  | <input type="checkbox"/> | Exceeded Modified<br>Reporting Limit | <input type="checkbox"/> | Final Report (Attach C/OH - FR)   |
| 10 PERIOD<br>COVERED  | Month<br>7  | Day<br>/ 1 /   | Year<br>25                            | THROUGH  | Month<br>12              | Day<br>/ 31 /                        | Year<br>25               |   |
| 11 ELECTION   | ELECTION DATE<br><br><small>Month / Day / Year</small>  |  |                                       | ELECTION TYPE<br><br><small>Primary Runoff<br/>General Special<br/>Other Description<br/>SEMI-ANNUAL REPORT JAN 2026</small>   |                          |                                      |                          |   |
| 12 OFFICE   | OFFICE HELD (if any)<br>Commissioner Pl. 6  |  |                                       | 13 OFFICE SOUGHT (if known)  |                          |                                      |                          |   |
| 14 NOTICE FROM<br>POLITICAL<br>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<br><br><small>GENERAL</small>  | COMMITTEE NAME<br>PHARR FORWARD SPAC   |                                       |  |                          |                                      |                          |   |
|   | <input type="checkbox"/>  | COMMITTEE ADDRESS<br>612 W. Nolana, Suite 250 McAllen, TX 78504              |                                       |  |                          |                                      |                          |   |
|   | <input checked="" type="checkbox"/>   | COMMITTEE CAMPAIGN TREASURER NAME<br>Ms. Eliza Alvarado                      |                                       |  |                          |                                      |                          |   |
|   | <input type="checkbox"/>  | COMMITTEE CAMPAIGN TREASURER ADDRESS<br>401 Xanthisma Ave. McAllen, TX 78504 |                                       |  |                          |                                      |                          |   |
|   |   | GO TO PAGE 2   |                                       |  |                          |                                      |                          |   |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            | MS. ITZA FLORES   | 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) | \$                                     |
| EXPENDITURE TOTALS      | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0.00                                |
| CONTRIBUTION BALANCE    | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
| OUTSTANDING LOAN TOTALS | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0.00                                |
|                         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0.00                                |
|                         | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                |

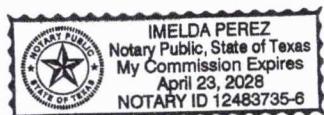
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Itza Flores this the 15th day of January, 20 26, to certify which, witness my hand and seal of office.

Imelda Perez  
Signature of officer administering oath

Imelda Perez  
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 \_\_\_\_\_, 20 \_\_\_\_\_.  
(month) (year)

Itza Flores  
Signature of Candidate/Officeholder (Declarant)