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

OFFICE USE ONLY

Date Received
RECEIVED
JUL 15 2026
CITY CLERK'S OFFICE
ALESSANDRA GARCIA

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MS. | FIRST: ITZA | MI:

NICKNAME: | LAST: FLORES | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX: 1807 S. Erica | APT / SUITE #: | CITY: Pharr | STATE: TX | ZIP CODE: 78577

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 460-3259 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms | FIRST: Denelle | MI:

NICKNAME: | LAST: Hernandez | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 1015 E. Kathy | APT / SUITE #: | CITY: Pharr | STATE: TX | ZIP CODE: 78577

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) | PHONE NUMBER: 343-4458 | EXTENSION:

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: 1 / 1 / 26 THROUGH 6 / 30 / 26

11 ELECTION

ELECTION DATE — Month / Day / Year:

ELECTION TYPE:
- Primary
- Runoff
- ■ Other — Description: SEMI-ANNUAL REPORT July 2026
- General
- Special

12 OFFICE

OFFICE HELD (if any): Commissioner Pl. 6

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)
Additional Pages

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.

COMMITTEE TYPE:
- ☐ GENERAL
- ■ SPECIFIC

COMMITTEE NAME: PHARR FORWARD SPAC

COMMITTEE ADDRESS: 401 Xanthisma Ave. McAllen, TX 78504

COMMITTEE CAMPAIGN TREASURER NAME: Ms. Eliza Alvarado

COMMITTEE CAMPAIGN TREASURER ADDRESS: 401 Xanthisma Ave. McAllen, TX 78504

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
MS. ITZA FLORES	

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	$ 0.00
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.

Itza Flores

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

ALESSANDRA YVETTE GARCIA
Notary Public, State of Texas
My Commission Expires
August 08, 2026
NOTARY ID 129081410

NOTARY STAMP / SEAL

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

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Alessandra Garcia	Notary Public

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)