

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 MR. FIRST RICARDO MI NICKNAME LAST MEDINA SUFFIX	RECEIVED JUL 20 2026 CITY CLERK'S OFFICE ALESSANDRA GARCIA									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 Woodland Dr. Pharr TX 78577										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956) PHONE NUMBER 821-7905 EXTENSION										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr FIRST Raul MI P NICKNAME LAST Gonzalez SUFFIX	Receipt # Amount \$ Date Processed Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1316 Daffodil Pharr TX 78577										
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) PHONE NUMBER 340-7150 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 Month Day Year 6 / 30 / 26										
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE Primary Runoff ☒ Other Description General Special SEMI-ANNUAL REPORT July, 2026										
12 OFFICE	OFFICE HELD (if any) Commissioner Pl. 5	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. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME PHARR FORWARD SPAC</td> </tr> <tr> <td style="padding: 5px;">GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS 401 Xanthisma Ave. McAllen, TX 78504</td> </tr> <tr> <td style="padding: 5px;">☒ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME Ms. Eliza Alvarado</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS 401 Xanthisma Ave. McAllen, TX 78504</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME PHARR FORWARD SPAC	GENERAL	COMMITTEE ADDRESS 401 Xanthisma Ave. McAllen, TX 78504	☒ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Ms. Eliza Alvarado		COMMITTEE CAMPAIGN TREASURER ADDRESS 401 Xanthisma Ave. McAllen, TX 78504
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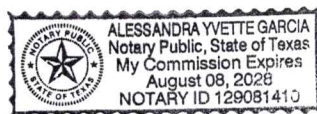
15 C/OH NAME MR. RICARDO MEDINA		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES 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	\$ 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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ricardo Medina this the 20 day of July, 2020, to certify which, witness my hand and seal of office.

Alessandra Garcia 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)