

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 FIRST MI Mr. BOBBY NICKNAME LAST SUFFIX CARRILLO	OFFICE USE ONLY Date Received RECEIVED JUL 15 2026 CITY CLERK'S OFFICE ALESSANDRA GARCIA Date Hand-delivered or Date Postmarked									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P O Box 1861 Pharr TX 78577										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 227-4221										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Prisylla NICKNAME LAST SUFFIX Jasso	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
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 612 W. Nolana, Ste. 250 McAllen TX 78504										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 467-6030										
9 REPORT TYPE	<table style="width:100%;"> <tr> <td>☐ January 15</td> <td>☐ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>☒ July 15</td> <td>☐ 8th day before election</td> <td>☐ Exceeded Modified Reporting Limit</td> <td>☐ Final Report (Attach C/OH - FR)</td> </tr> </table>			☐ 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)
☐ 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	<table style="width:100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">1 / 1 / 26</td> <td></td> <td style="text-align: center;">6 / 30 / 26</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	1 / 1 / 26		6 / 30 / 26		
Month Day Year	THROUGH	Month Day Year									
1 / 1 / 26		6 / 30 / 26									
11 ELECTION	<table style="width:100%;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year / / </td> <td style="width:70%;"> ELECTION TYPE Primary Runoff ☒ Other Description General Special SEMI-ANNUAL REPORT JULY 2026 </td> </tr> </table>			ELECTION DATE Month Day Year / /	ELECTION TYPE Primary Runoff ☒ Other Description General Special SEMI-ANNUAL REPORT JULY 2026						
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. 2	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 style="width:100%;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME PHARR FORWARD SPAC</td> </tr> <tr> <td>GENERAL</td> <td>COMMITTEE ADDRESS 401 Xanthisma Ave. McAllen, TX 78504</td> </tr> <tr> <td>☒ SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME Ms. Eliza Alvarado</td> </tr> <tr> <td></td> <td>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
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										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

MR. BOBBY CARRILLO

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

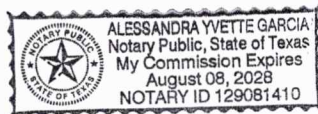
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

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

[Handwritten Signature]
Signature of officer administering oath

Alessandra Garcia
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)

Signature of Candidate/Officeholder (Declarant)