CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Buide explains how	to complete this form.	1 Filer ID (Ethics Com	nmission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FELIX LAST		SUFFIX	OFFICE	USEONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	; APT / SUITE #;	CITY; STATE;	ZIP CODE		
Change of Address	104 muT	UAL LN FLO	RESVILLE, TX	78114		
5 CANDIDATE/ OFFICEHOLDER PHONE	(210)	PHONE NUMBER 415-4024	EXTENSION		Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
TREASURER NAME		DORA			Date Processed	
	NICKNAME	LAST		SUFFIX		
= -1/7,		CANTU			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;		STATE;	ZIP CODE
(Residence or Business)	104 MUTI	DAL LN FLORE	SVILLE, TX	7811	1	
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		-	
PHONE	(830)	391-0500				
9 REPORT TYPE	January 15	30th day before e	election Runoff	f		fter campaign ppointment er Only)
	July 15	8th day before ele	otion	ded Modified ing Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD	Month	Day Year	53/411	Month	Day Yea	r
COVERED	2 .	14/2025	# Anyone	30/	26/20	25
11 ELECTION	ELECTION DA	ATE	El	LECTION TYPE	1	
	Month Day	Year Primary	Runoff	Other Description		
	5/3/	2025 General	Special	-		*
12 OFFICE	OFFICE HELD (if any)	,	13 OFFICE SOL			
			CITY	COU	NC KL F	15
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	MAY HAVE BEEN MADE WIT	HOUT THE CANE	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			,	
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
	l	GO TO	PAGE 2			
		30 10	I AUL Z			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s Ø					
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS) \$					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 332, 77 *X					
	4. TOTAL POLITICAL EXPENDITURES	\$ 332. 7					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY \$					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN LAST DAY OF THE REPORTING PERIOD	IS AS OF THE \$					
	wear, or affirm, under penalty of perjury, that the accompanying repo	rt is true and correct and includes all information					
rec	quired to be reported by me under Title 15, Election Code.	0					
	tely s	2 Carl					
	Signatur	e of Candidate or Officeholder					
Please complete either option below:							
(1) Affidavit	ANDREA MARTINEZ Notary ID #124735190 My Commission Expires February 8, 2029						
NOTARY STAMP/SEAL							
Sworn to and subscribed	before me by Felix 5 Cantu the which, witness my hand and seal of office.	nis the day of March,					
, to certify	which, witness my hand and seal of office.	Notaria					
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath					
	OR						
(2) Unsworn Declaration	on						
My name is	, and my date of	birth is					
	(street) (city)	(state) (zip code) (country)					
Executed in	County, State of, on the day of _	(month) , 20 (year) .					
	Signature of	Candidate/Officeholder (Declarant)					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)								
By cal Committee	Legal Services	Office Of Polling E Printing I Salaries/	verhead/Rental Expense Expense Expense Wages/Contract Labor	Transportation Equip Travel In District Travel Out Of Distric	ment & Related Expense			
2 FILER NA	IX CANT	ти		3 Filer ID (Ethics	s Commission Filers)			
5 Payee nar	ed Maueric	k CO						
7 Payee add			City;	State;	Zip Code			
(a) Category	(See Categories listed at the top	of this schedule)	(b) Description					
Brand	ed MAVERIC	K CO	CAPS	S				
(c)			Check if Austin	n, TX, officeholder living	expense			
Candid	ate / Officeholder name		Office sought		Office held			
Payee nan	he Lobby		-		, , , , , , , , , , , , , , , , , , ,			
Payee add	dress;		City;	State;	Zip Code			
Category	(See Categories listed at the top	of this schedule)	Description					
	Check if travel outside of Texas. Com	plete Schedule T.	Check if Austin	n, TX, officeholder living	expense			
Candid: OH	ate / Officeholder name		Office sought		Office held			
1			UPS					
		(City;	State;	Zip Code			
Category	(See Categories listed at the top of	of this schedule)	Description Russin	ess Co	rds			
	Check if travel outside of Texas, Com	plete Schedule T.			expense			
Candida	ate / Officeholder name		Office sought		Office held			
	2 FILER NA FEL 5 Payee nan (a) Category Candid Payee add Category Candid Payee add Category Candid Category Candid Category Candid Category	Event Expense Fees' Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide of Services	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to The Instruction Guide explain	Event Expense Fees Food/Beverage Expense Girl/Awards/Memorials Expense Productions The Instruction Guide explains how to complete this form. 2 FILER NAME FFA CANTU 5 Payee name Branded Maverick CO 7 Payee address; City; (a) Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Check if Austin Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if Austin Check if Austin	Event Expense Pees Pees Pees Pees Pees Pees Pees			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polition The Instruction	By Gift. ical Committee Leg	od/Beverage Expense n/Awards/Memorials Expense gal Services w to complete this form.		Expense Wages/Contr	ract Labor	Travel In District Travel Out Of District Other (enter a category ACH CREDIT CARD	•
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME					3 FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$						\$	
5 CREDIT CARD ISSUER	Name of financial institution						
6 PAYMENT	(a) Amount Charged	d (b) Date Expenditu	ure Charged	(c) Date(s)	Credit Card Issue	r Paid	
7 PAYEE	(a) Payee name	•	(b) Payee add	dress;	City	y, State,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)			(b) Description			
Non-Political	(c) Check if tra	avel outside of Texas. Complet	e Schedule T.		Check if Austin,	, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeh	iolder name	Off	fice Sought		Office Held	
PAYMENT	(a) Amount Charged	d (b) Date Expenditu	re Charged	(c) Date(s)	Credit Card Issue	r Paid	
PAYEE	(a) Payee name		(b) Payee add	dress;	City	, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) (b) Description						
Non-Political	tical (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeh	iolder name	Off	fice Sought		Office Held	
PAYMENT	(a) Amount Charged	d (b) Date Expenditu	ire Charged	(c) Date(s)	Credit Card Issue	r Paid	
PAYEE	(a) Payee name		(b) Payee add	dress;	City	state,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) (b) Description						
Non-Political	(c) Check if tra	avel outside of Texas. Complet	outside of Texas. Complete Schedule T. Check		Check if Aust	eck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeh	older name	Off	ice Sought		Office Held	
	ATTACH A	ADDITIONAL COPIES	S OF THIS	SCHEDU	LE AS NEED	ED	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (E	ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B; PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIO	NS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$332 7
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	= C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	NED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable. DO NOT include this page in the report

	in the requested information to flot apphoable, be not include this page in the report.								
-	The	Instruction Guide explains how to complete this for	1 Total pages Schedule A1:						
2	FILER NAME			3 Filer ID (Ethics Commission Filers)					
4	Date	5 Full name of contributor	#:)	7 Amount of contribution (\$)					
		6 Contributor address; City; 5	State; Zip Code						
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)					
	Date	Full name of contributor	#:)	Amount of contribution (\$)					
	*	Contributor address; City;	State; Zip Code						
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)					
	Date	Full name of contributor	D#:)	Amount of contribution (\$)					
		Contributor address; City;	State; Zip Code						
	Principal occu	pation / Job title (See Instructions)	ions)						
	Date	Full name of contributor	0#:)	Amount of contribution (\$)					
		Contributor address; City;	State; Zip Code						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)					
		•							
		ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED					

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

BRANDED MAVERICK CO

6671 US HIGHWAY 181 S FLORESVILLE, TX 78114 2107236421

19-Mar-2025 2:13:44P Cashier: Tasha

Transaction 000737

\$191.88 12 Embroidered Richardson Hat 1-10K stitches First Time Customer Subtotal

-\$9.59 \$15.04 \$191.88

Sales Tax

\$197.33 \$197.33

DEBIT CARD SALE

Total

MASTERCARD 2080

Retain this copy for statement validation

\$197.33 | Method: CONTACTLESS US Debit XXXXXXXXXXZ080 19-Mar-2025 2:14:23P

Reference ID: 507800502987

Auth ID: 002573

AID: A0000000042203 MID: ******4881

AthNtwkNm: ACCEL

JIN VERIFIED RtInd:DEBIT

Get 183 points towards perks

when you text this code to 73752:

flour bumpy hurry

Expires 03/27/2025

How are we doing?

TOBOX TOBOX

Super Savings, Super Selection!

4522 Fredericksburg #B

-**91** San Antonio, TX 78201 (210) 737-1611

11.96 SALE T-2737 ANNALISA M 30% Off Item (\$4.27 - \$1.28) (8717) 8-68

Wearable Art (\$6.49 - \$1.95) Cands & Party .08200000 30% Off Item 07500000

4.54

4.79 YP

21.29 1.76 1.76 11.96

8.2500%

SUBTOTAL Sales Tax TAX TOTAL

DIA

23.05

ACCOUNT #: *******2080

INSERTED

ACCT: Debit US Debit

INSERTED RESP 00 ISO 00 CARD #*********2080

CUR: 0840 REF # AUTH # 140003241042 478116 AID: A000000042203

8000048000 6800 ARC:

Verified by PIN CHANGE DUE

0.00

Number of Items Purchased: 6

fotal Savings: 7.07

THANK YOU PLEASE COME AGAIN

Visit our website at www.hobbylobby.com



San Antonio, TX 78205 210-227-1349 300 Broadway Herweck's

Time: 2:42:56 PM Tax Exempt X3158 Register #: 1 Date: 3/24/2025 ransaction #: Cashier: 6 Account #:

fax Exempt X3158 Morones & Sons ACCOUNT: BILL TO:

Morones & Sons

SHIP TO:

\$25.11 \$2,79 \$16,74 \$3.29 Amount lherno DF Soft Netal Go Therno Gl. Neon Opg Rose Therno OF Soft Metal Gr TShirt Youth White LRG Merno Plus White 15" Description 6 52.79 6 a \$2,79 SPEPLS-9100 SPEGFORB143 SHIRTWHIYL SPEDFSW02 SPEDFSM04

\$52.58 \$0.00 \$52.58 Total Sub Total Sales lax

\$0.00 \$52.58 Change Due Credit Card Tendered

