

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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 5300.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9247.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1052.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000.00

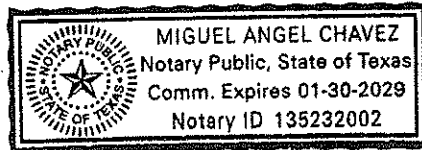
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by RAMSEY ENGLISH CAUTO this the 14 day of January, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: MIGUEL ANGEL CHAVEZ Title of officer administering oath: Public Notary

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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5300.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 5000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9247.41
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form:

1 Total pages Schedule A1;

2 FILER NAME *Ramsey English Cantu*

3 Filer ID (Ethics Commission Filers)

4 Date
11/7/25

5 Full name of contributor out-of-state PAC (ID#: _____)
Richard Zamora

7 Amount of contribution (\$)
2,000.00

6 Contributor address; City; State; Zip Code
*2238 Estate Gate Wk
San Antonio, TX 78260*

8 Principal occupation / Job title (See Instructions)
Engineer

9 Employer (See Instructions)
Self-employed

Date
11/10/25

Full name of contributor out-of-state PAC (ID#: _____)
Mrs. Jose L. Gonzalez

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
*1711 Quarry St
Eagle Pass, TX 78852*

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Educators

Date
12/5/25

Full name of contributor out-of-state PAC (ID#: _____)
Victor Garcia

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
*313 Parks St.
Eagle Pass, TX 78852*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
KTTI

Date
12/10/25

Full name of contributor out-of-state PAC (ID#: _____)
Cynthia Beechermann

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
*50 2272 acapulco
Eagle Pass, TX 78852*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Realty Executives

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1;

2 FILER NAME *Ramsley English Cantú*

3 Filer ID (Ethics Commission Filers)

4 Date
12.18.25

5 Full name of contributor out-of-state PAC (ID#: _____)
Marisela Rodriguez

7 Amount of contribution (\$)

1000.00

6 Contributor address; City; State; Zip Code
1772 Rio Verde Eagle Pass, TX 78852

8 Principal occupation / Job title (See Instructions)

Realtor

9 Employer (See Instructions)

Nanuna Ayers Realty

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

12.22.25

Bernardo Barboza

500.00

Contributor address; City; State; Zip Code
1250 Glen Haven Wk. Eagle Pass, TX 78852

Principal occupation / Job title (See Instructions)

Registered Nurse

Employer (See Instructions)

Fort Duncan Regional

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

12.25.25

Kimberly S. Cantú

1000.00

Contributor address; City; State; Zip Code
2004 Ricks Wk. Eagle Pass, TX 78852

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Self employed

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME <i>Ramsay English Cantu</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11.7.25</i>	5 Payee name <i>Maverick County Democratic Party</i>
6 Amount (\$) <i>750.00</i>	7 Payee address; City; State; Zip Code <i>1299 main St Eagle Pass, TX 78852</i>
<input type="checkbox"/> Check if individual's residence address.	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Filing Fees</i>	(b) Description <i>candidate registration</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12.10.25</i>	Payee name <i>EPTXN NEWS / Mr. Daniel Ramos</i>
Amount (\$) <i>3000.00</i>	Payee address; City; State; Zip Code <i>140 N. Adams St. Eagle Pass, TX 78852</i>
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <i>campaign publicity</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12.17.25</i>	Payee name <i>HERB</i>
Amount (\$) <i>58.41</i>	Payee address; City; State; Zip Code <i>58 2135 E. Main Eagle Pass TX 78852</i>
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gas</i>	Description <i>campaign expenses</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Ramsay English Cantu</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12.17.25</i>	5 Payee name <i>HERB</i>
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6 Amount (\$) <i>29.21</i>	7 Payee address; <i>2135 E. Main St.</i>	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food</i>	(b) Description <i>campaign meeting</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12.24/25</i>	Payee name <i>830 Signs</i>
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Amount (\$) <i>5409.79</i>	Payee address; <i>437 Quarry St.</i>	City; <i>Eagle Pass TX</i>	State; <i>78852</i>	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <i>campaign signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Ramsey English Cantu</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>5000.00</i>
5 Date of loan <i>12/20/25</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>personal - Ramsey E. Cantu</i>	9 Loan Amount (\$)
6 Is lender a financial Institution? <i>Y N</i>	8 Lender address; City; State; Zip Code <i>2004 Ricks Drive Eagle Pass, TX 78852</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Mag Co Judge</i>		13 Employer (See Instructions) <i>Maverick County</i>
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <i>Y N</i>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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