CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)	Pasquale	Ä.	OFFICE USE ONLY
	NICKNAME	Cantenno	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX	APT / SUITE #.	CITY, STATE, ZIP CODE	APR 2 3 2025
ADDRESS Change of Address				ADMINISTRATIO, LD.F ARTMENT
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Happy delivered or Date Postmarked By:
6 CAMPAIGN TREASURER	MS (ARS) MR	Lynne	T.	Receipt 4 Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Imaged
		Boehm		Date imageu
7 CAMPAIGN TREASURER ADDRESS	Production of the Production of the Parish o	Jubilation	Dr. 74548	STATE: ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(254) 3	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 4	Day Year / 4 / 25	THROUGH 4	Day Year / 23 / 25
11 ELECTION	ELECTION DA		ELECTION TYPE	i i
	5/3/	Year Primary Z5 Seneral	Runoff Other Description Special	
12 OFFICE	City Counc	il HH, Place.	3 OFFICE SOUGHT (If known City Council),	HH Place 3
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.			
00	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO	PAGE 2	

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)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment	, , , , , , , , , , , , , , , , , , , ,	s/Wages/Contract Labor complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	Pasquale (Tony) A. Ca	nten'no	3 Filer ID (Ethics Commission Filers)
4 Date 4/16/25	Pasquale (Tony) A. Ca. 5 Payee name Killeen Daily Herald		
Amount (\$) \$1,604.00 Reimbursement from political contributions intended	7 Payee address: P.O. Box 1300	Killeen, TX	State; Zip Code 76540
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adverh'sing Expense	(b) Description NewSpaper	ads
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	TOWNS IN ALL
	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 / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED



APR 2 3 2025

ADMINISTPATION DEPARTMENT CITY OF HARKER HEIGHTS, TEXAS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Pasque	de (Tony) A. Canterino	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,604.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$ U
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* <i>O</i>
18 SIGNATURE I S	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
	quired to be reported by me under Title 15, Election Code.	
	Signature of Can	didate or Officeholder
	Please complete either option below	
(4) A55 1 1		
(1) Affidavit		
NOTARY STAMP/SEA	L	
	before me by this the _	, day of,
20, to certify	which, witness my hand and seal of office.	
		sonle nichtle ill Algeric
Signature of officer administer	rring oath Printed name of officer administering oath	Title of officer administering oath
The second property of	OR OR	
(2) Unsworn Declarati	on	
My name is PASQUA	and my date of birth is	10/19/1962
My address is 1801 R	10 few od Ct Horker Heights []	1 76548 USA
Executed in Rell	County, State of VX, on the 23 day of (month)	(year)
	Signature of Candida	ite/Officeholder (Declarant)



APR 2 3 2025

ADMINISTRATION DEPARTMENT CITY OF HARKER HEIGHTS, TEXAS

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME 20 Filer ID (Ethi	ics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s O
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s 0
4. SCHEDULE E: LOANS	s 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s O
9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s 1,604.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	/OH \$ <i>0</i>
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s O
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0



APR 2 3 2025

ADMINISTRATION DEPARTMENT CITY OF HARKER HEIGHTS, TEXAS

	3952 DATE 4/1425	BAL. BRO'T FOR'D		
51929	TO KILLEN			
47	Dally	(S)		
	FOR WGYSI	D		
	Political	TOTAL		
	1002	THIS CHECK	16040	N
	howspher	OTHER TRANS.+/-		
	TAX DEDUCTIBLE	BALANCE		