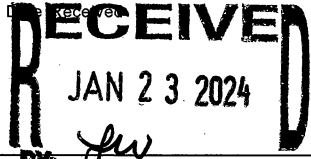# CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	OFFICE USE ONLY

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR   FIRST *Ricardo*   MI

NICKNAME   LAST *Cantu*   SUFFIX *Jr.*

OFFICE USE ONLY

RECEIVED JAN 2 3 2024
BY _____

Date Hand-delivered or Date Postmarked

Receipt #	Amount $

Date Processed

Date Imaged

4 ORIGINAL REPORT TYPE

- [x] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded modified reporting limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify) _____

5 ORIGINAL PERIOD COVERED

Month 10 / Day 16 / Year 2023 THROUGH Month 12 / Day 31 / Year 2023

6 EXPLANATION OF CORRECTION

Provide names of cash contributions

7 SIGNATURE   I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- [x] Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.

- [x] Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

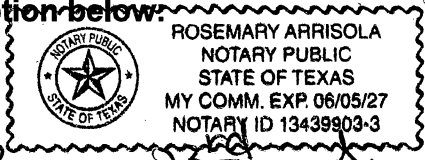*Ricardo Cantu Jr.*

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

ROSEMARY ARRISOLA
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 06/05/27
NOTARY ID 13439903-3

Sworn to and subscribed before me by *Richard Cantu JR* this the 23 day of January 20 24, to certify which, witness my hand and seal of office.

R. Arrisola   *Rosemary Arrisola*

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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections