

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:  <b>13</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Mr. Arnoldo</b> NICKNAME LAST SUFFIX <b>Cantu Jr.</b>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  <b>211 West Park, Pharr, Tx 78577</b>	Date Received <b>Hidalgo County</b> <b>2009 JUN 15 PM 3:09</b>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(956) 318-2460</b>	Date Hand-delivered or Date E-mailed <b>Receipt # Amount</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mr. David</b> NICKNAME LAST SUFFIX <b>Eorena R</b>	Date Processed <b>Date Imaged</b>	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>420 W. University Dr, Edinburg, Tx 78539</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(956) 381-5605</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>01 / 01 / 09    THROUGH    06 / 30 / 09</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>  /  /  </b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>Hidalgo County Court #5</b>		
13 OFFICE SOUGHT (if known)			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  Name  Address / PO Box: Apt. / Suite #: City: State: Zip Code		

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 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. \*\*

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

0.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

31017.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

361446.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Arnoldo Cantu, this the 15<sup>th</sup> day of July, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A(J):

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)

**8** In-kind contribution description (if applicable)

**6** Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

**9** Contributor's principal occupation

**10** Contributor's job title

**11** Contributor's employer/law firm

**12** Law firm of contributor's spouse (if any)

**13** If contributor is a child, law firm of parent(s) (if any)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# PLEGGED CONTRIBUTIONS (JUDICIAL)

# SCHEDULE B (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B(J):
---	------------------------------

2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
--------------	--

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨	\$
---	----

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address;      City;   State;   Zip Code		
(If travel outside of Texas, complete Schedule T)			

10 Pledgor's principal occupation	11 Pledgor's job title
-----------------------------------	------------------------

12 Pledgor's employer/law firm	13 Law firm of pledgor's spouse (if any)
--------------------------------	--

14 If pledgor is a child, law firm of parent(s) (if any)
--

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		
(If travel outside of Texas, complete Schedule T)			

Pledgor's principal occupation	Pledgor's job title
--------------------------------	---------------------

Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
-----------------------------	---------------------------------------

If pledgor is a child, law firm of parent(s) (if any)
---

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		
(If travel outside of Texas, complete Schedule T)			

Pledgor's principal occupation	Pledgor's job title
--------------------------------	---------------------

Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
-----------------------------	---------------------------------------

If pledgor is a child, law firm of parent(s) (if any)
---

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

# LOANS (JUDICIAL)

# SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution?  Y        N	8 Lender address;    City;    State;    Zip Code	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		
18 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	19 Name of guarantor	21 Amount Guaranteed (\$)
	20 Guarantor address;    City;    State;    Zip Code	
22 Guarantor's Principal Occupation		23 Guarantor's Job Title
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)
26 If guarantor is child, law firm of parent(s) (if any)		

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name  ..... <b>6</b> Payee address;            City;    State;    Zip Code	<b>7</b> Amount (\$)
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<b>9</b> -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name            Office sought            Office held	
Date	Payee name  ..... Payee address;            City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name            Office sought            Office held	
Date	Payee name  ..... Payee address;            City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name            Office sought            Office held	
Date	Payee name  ..... Payee address;            City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name            Office sought            Office held	
Date	Payee name  ..... Payee address;            City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name            Office sought            Office held	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Payee name  6 Payee address; City; State; Zip Code  7 Purpose of expenditure <i>(If travel outside of Texas, complete Schedule T)</i>	8 Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure <i>(If travel outside of Texas, complete Schedule T)</i>	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure <i>(If travel outside of Texas, complete Schedule T)</i>	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure <i>(If travel outside of Texas, complete Schedule T)</i>	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure <i>(If travel outside of Texas, complete Schedule T)</i>	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name  6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule I:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name <hr style="border-top: 1px dashed black;"/> <b>6</b> Payee address;      City;   State;   Zip Code  <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<b>8</b> Amount (\$)
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address;      City;   State;   Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address;      City;   State;   Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address;      City;   State;   Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address;      City;   State;   Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Law Office of Arnoldo Cantu, Jr

5 Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Law Office of Arnoldo Cantu, Jr

5 Lender address;

City;

State;

Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr

Lender address;

City;

State;

Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr

Lender address;

City;

State;

Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr

Lender address;

City;

State;

Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

City;

State;

Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Law Office of Arnoldo Cantu, Jr

5 Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

HP Computer with Monitor, CPU and Printer.

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  <div style="font-size: 2em; text-align: center;">13</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI Mr.      Arnoldo NICKNAME      LAST      SUFFIX Cantu      Jr.	<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked Receipt #      Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE 211 West Park, Pharr, TX 78539		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (956) 318-2460		2008 JAN 15 AM 11:29 Imaged
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI Mr.      David      R. NICKNAME      LAST      SUFFIX Goreng		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE 420 W. University Dr., Edinburg, TX 78539		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (956) 381-5605		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 07 / 01 / 08      -      12 / 31 / 08		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year /      /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) Midalga County Court #5	<b>13 OFFICE SOUGHT (if known)</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name  Address / PO Box:      Apt. / Suite #:      City:      State:      Zip Code		

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 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. --

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 63.00
4. TOTAL POLITICAL EXPENDITURES	\$ 840.00
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,017.00
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 36,446.00

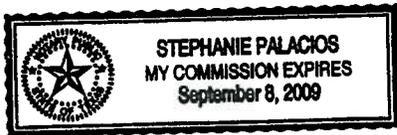
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arnoldo Cantu, Jr., this the 15<sup>th</sup> day of January, 2009, to certify which, witness my hand and seal of office.

Stephanie Palacios  
Signature of officer administering oath

Stephanie Palacios  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):
---	------------------------------

2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
--------------	--

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation	10 Contributor's job title
--------------------------------------	----------------------------

11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
------------------------------------	--

13 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation	Contributor's job title
------------------------------------	-------------------------

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
---------------------------------	---

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation	Contributor's job title
------------------------------------	-------------------------

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
---------------------------------	---

If contributor is a child, law firm of parent(s) (if any)

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

# PLEGGED CONTRIBUTIONS (JUDICIAL)

# SCHEDULE B (J)

The instruction Guide explains how to complete this form. 1 Total pages Schedule B(J):

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨      \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address;      City;   State;   Zip Code		

(If travel outside of Texas, complete Schedule T)

10 Pledgor's principal occupation	11 Pledgor's job title
-----------------------------------	------------------------

12 Pledgor's employer/law firm	13 Law firm of pledgor's spouse (if any)
--------------------------------	--

14 If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		

(If travel outside of Texas, complete Schedule T)

Pledgor's principal occupation	Pledgor's job title
--------------------------------	---------------------

Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
-----------------------------	---------------------------------------

If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		

(If travel outside of Texas, complete Schedule T)

Pledgor's principal occupation	Pledgor's job title
--------------------------------	---------------------

Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
-----------------------------	---------------------------------------

If pledgor is a child, law firm of parent(s) (if any)

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

# LOANS (JUDICIAL)

# SCHEDULE E (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?  
Y      N

8 Lender address;    City;    State;    Zip Code

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/Law Firm

15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral

none

18 GUARANTOR INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

not applicable

20 Guarantor address;    City;    State;    Zip Code

22 Guarantor's Principal Occupation

23 Guarantor's Job Title

24 Guarantor's Employer/Law Firm

25 Law Firm of guarantor's spouse (if any)

26 If guarantor is child, law firm of parent(s) (if any)

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/17/08</b>	5 Payee name <b>Tony Molinar</b> 6 Payee address; City; State; Zip Code <b>1101 East Pecan - Suite G - San Juan TX 78859</b>	7 Amount (\$) <b>\$777.00</b>
---------------------------	---	----------------------------------

8 Purpose of payment (See instructions regarding type of information required.) <b>Advertising</b> (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
------	--	-------------

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
------	--	-------------

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
------	--	-------------

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name ..... 6 Payee address; City; State; Zip Code ..... 7 Purpose of expenditure (If travel outside of Texas, complete Schedule T)	8 Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
--------	---	---

Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name  6 Payee address; City; State; Zip Code  7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.	<b>1</b> Total pages Schedule K:
---	----------------------------------

<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)
---------------------	---

<b>4</b> Date	<b>5</b> Payor name <hr style="border-top: 1px dotted black;"/> <b>6</b> Payor address; City; State; Zip Code <hr/> <b>7</b> Reason for credit	<b>8</b> Amount (\$)
---------------	--	----------------------

Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr/> Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr/> Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr/> Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr/> Reason for credit	Amount (\$)
------	---	-------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Law Office of Arnoldo Cantu, Jr.

5 Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**OUTSTANDING LOANS**

**SCHEDULE L**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule L:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
LENDER INFORMATION	4 Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>	
	5 Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>	
GUARANTOR INFORMATION	6 Name of guarantor ..... 7 Guarantor address; City; State; Zip Code	
<input checked="" type="checkbox"/> not applicable		
LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>	
	Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>	
GUARANTOR INFORMATION	Name of guarantor ..... Guarantor address; City; State; Zip Code	
<input type="checkbox"/> not applicable		
LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>	
	Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>	
GUARANTOR INFORMATION	Name of guarantor ..... Guarantor address; City; State; Zip Code	
<input checked="" type="checkbox"/> not applicable		
LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>	
	Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>	
GUARANTOR INFORMATION	Name of guarantor ..... Guarantor address; City; State; Zip Code	
<input checked="" type="checkbox"/> not applicable		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**OUTSTANDING LOANS****SCHEDULE L**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule L:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
LENDER INFORMATION	4 Name of lender Law Office of Arnoldo Cantu, Jr.		
	5 Lender address; City; State; Zip Code 211 West Park, Pharr, TX 78577		
GUARANTOR INFORMATION	6 Name of guarantor		
<input checked="" type="checkbox"/> not applicable	7 Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender Law Office of Arnoldo Cantu, Jr.		
	Lender address; City; State; Zip Code 211 West Park, Pharr, TX 78577		
GUARANTOR INFORMATION	Name of guarantor		
<input checked="" type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender Law Office of Arnoldo Cantu, Jr.		
	Lender address; City; State; Zip Code 211 West Park, Pharr, TX 78577		
GUARANTOR INFORMATION	Name of guarantor		
<input checked="" type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender Law Office of Arnoldo Cantu, Jr.		
	Lender address; City; State; Zip Code 211 West Park, Pharr, TX 78577		
GUARANTOR INFORMATION	Name of guarantor		
<input checked="" type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule M:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset  
 HP Computer with monitor, CPU and HP Printer

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
 Mr. Arnoldo  
 NICKNAME LAST SUFFIX  
 Lantu Jr.

**OFFICE USE ONLY**

Date Received  
 2008 JAN 15 PM 3:50  
 Date Hand-delivered or Date Postmarked  
 Receipt # Amount  
 Date Processed  
 Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 211 West Park Pharr TX 78577

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (956) 318-2460

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
 Mr. David R.  
 NICKNAME LAST SUFFIX  
 Goreng

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 420 W. University Dr. Edinburg TX 78539

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (956) 381-5605

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
 07/01/07 THROUGH 12/31/07

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

Hidalgo County Court #5

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures 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. \*\*

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 63.00

4. TOTAL POLITICAL EXPENDITURES

\$ 63.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

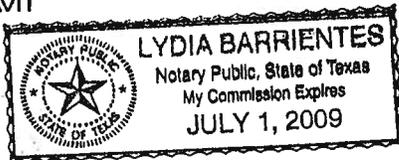
\$ 3,920.64

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 36,446.00

19 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arnddo Carter, JR, this the 15<sup>th</sup> day of January, 20 08, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Lydia Barrientes  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule A(J):	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description(if applicable)
<b>9</b> Contributor's principal occupation		<b>10</b> Contributor's job title	
<b>11</b> Contributor's employer/law firm		<b>12</b> Law firm of contributor's spouse (if any)	
<b>13</b> If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name  ..... <b>6</b> Payee address;            City;   State;   Zip Code	<b>7</b> Amount (\$)
<b>8</b> Purpose of payment (See instructions regarding type of information required.)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held
Date	Payee name  ..... Payee address;            City;   State;   Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held
Date	Payee name  ..... Payee address;            City;   State;   Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held
Date	Payee name  ..... Payee address;            City;   State;   Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages this Schedule G:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address;            City;   State;   Zip Code <hr/> <b>7</b> Purpose of expenditure	<b>8</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address;            City;   State;   Zip Code <hr/> Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address;            City;   State;   Zip Code <hr/> Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address;            City;   State;   Zip Code <hr/> Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address;            City;   State;   Zip Code <hr/> Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Law Office of Arnoldo Cantu, Jr.

5 Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule L:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
LENDER INFORMATION	4 Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>		
	5 Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>		
GUARANTOR INFORMATION	6 Name of guarantor		
<input checked="" type="checkbox"/> not applicable	7 Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>		
	Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>		
GUARANTOR INFORMATION	Name of guarantor		
<input checked="" type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>		
	Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>		
GUARANTOR INFORMATION	Name of guarantor		
<input checked="" type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>		
	Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>		
GUARANTOR INFORMATION	Name of guarantor		
<input checked="" type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule L:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
LENDER INFORMATION	4 Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>	
	5 Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>	
GUARANTOR INFORMATION	6 Name of guarantor	
<input checked="" type="checkbox"/> not applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>	
	Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>	
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>	
	Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>	
GUARANTOR INFORMATION	Name of guarantor	
<input checked="" type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>	
	Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>	
GUARANTOR INFORMATION	Name of guarantor	
<input checked="" type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>	
	Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>	
GUARANTOR INFORMATION	Name of guarantor	
<input checked="" type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages this Schedule I:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name ..... <b>6</b> Payee address;           City;   State;   Zip Code	<b>8</b> Amount (\$)
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name ..... Payee address;           City;   State;   Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name ..... Payee address;           City;   State;   Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name ..... Payee address;           City;   State;   Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name ..... Payee address;           City;   State;   Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name ..... Payee address;           City;   State;   Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule M:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

HP Computer with monitor, CPU and HP Printer

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr.  
NICKNAME

Arnoldo  
LAST

SUFFIX

Lantu

Jr.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

211 West Park, Pharr, TX 78539

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

318-2460

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.  
NICKNAME

David  
LAST

R.  
SUFFIX

Gorenc

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

420 W. University Dr., Edinburg

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

381-5605

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

THROUGH

Month Day Year

01 / 01 / 08

06 / 30 / 08

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Hidalgo County Court #5

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

REC'D JUL 03 2008

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures 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. --

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 63.00

4. TOTAL POLITICAL EXPENDITURES

\$ 63.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 3,857.00

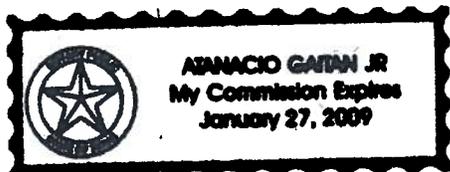
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 36,446.00

19 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Arnoldo Centu, this the 3rd day of July, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A.	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Form)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule B:	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:    ⇄   ⇄   ⇄   ⇄   ⇄   ⇄			\$
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>7</b> Pledgor address;    City;   State;   Zip Code	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;    City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;    City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;    City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;    City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule A(J):	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Contributor's principal occupation		<b>10</b> Contributor's job title	
<b>11</b> Contributor's employer/law firm		<b>12</b> Law firm of contributor's spouse (if any)	
<b>13</b> If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name  ..... <b>6</b> Payee address;                      City;    State;    Zip Code	<b>7</b> Amount (\$)
<b>8</b> Purpose of payment (See instructions regarding type of information required.)	<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held	
Date	Payee name  ..... Payee address;                      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held	
Date	Payee name  ..... Payee address;                      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held	
Date	Payee name  ..... Payee address;                      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held	
Date	Payee name  ..... Payee address;                      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.	<b>1</b> Total pages this Schedule G:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name ..... <b>6</b> Payee address;            City;   State;   Zip Code ..... <b>7</b> Purpose of expenditure	<b>8</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
---------------	--	--

Date	Payee name ..... Payee address;            City;   State;   Zip Code ..... Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

Date	Payee name ..... Payee address;            City;   State;   Zip Code ..... Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

Date	Payee name ..... Payee address;            City;   State;   Zip Code ..... Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

Date	Payee name ..... Payee address;            City;   State;   Zip Code ..... Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule L:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
LENDER INFORMATION	4 Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i> <hr/> 5 Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>	
<input checked="" type="checkbox"/> not applicable GUARANTOR INFORMATION	6 Name of guarantor <hr/> 7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i> <hr/> Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>	
<input checked="" type="checkbox"/> not applicable GUARANTOR INFORMATION	Name of guarantor <hr/> Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender <hr/> Lender address; City; State; Zip Code	
<input type="checkbox"/> not applicable GUARANTOR INFORMATION	Name of guarantor <hr/> Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender <hr/> Lender address; City; State; Zip Code	
<input type="checkbox"/> not applicable GUARANTOR INFORMATION	Name of guarantor <hr/> Guarantor address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Law Office of Arnolddo Cantu, Jr.

5 Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnolddo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnolddo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnolddo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule L:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
LENDER INFORMATION	4 Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i> 5 Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>		
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	6 Name of guarantor  7 Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i> Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>		
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i> Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>		
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i> Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>		
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule I:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name ..... 6 Payee address;           City; State; Zip Code  7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name ..... Payee address;           City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name ..... Payee address;           City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name ..... Payee address;           City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name ..... Payee address;           City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT#</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  <div style="font-size: 2em; text-align: center;">19</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Arnoldo NICKNAME                      LAST                      SUFFIX Lantu                      Jr.	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  211 West Park Pharr TX 78577	Date Received  Date Hand-delivered or Date Postmarked  Receipt #  Date Processed  Date Imaged	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (956) 318-2460	2007 JAN 18 PM 4:42 [Signature]	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      David                      R NICKNAME                      LAST                      SUFFIX Lorenzo		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  420 W. University Dr. Edinburg, TX 78539		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (956) 381-5605		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month    Day    Year                      THROUGH                      Month    Day    Year 7 / 1 / 06                      12 / 31 / 06		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)  Hidalgo County Court #5	<b>13 OFFICE SOUGHT (if known)</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  Name  Address / PO Box;    Apt. / Suite #;    City;    State;    Zip Code		

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

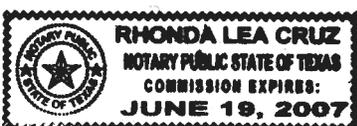
**FORM JC/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>	<b>16 ACCOUNT #</b> (Ethics Commission Filers)
---------------------	--

<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** This box is for notice of political expenditures 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. **	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

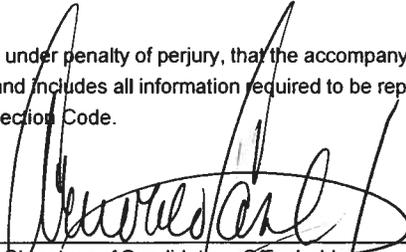
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,050.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 72.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,004.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,275.64
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 37,446.00

**19 AFFIDAVIT**

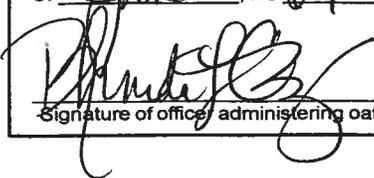


AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Rhonda Lea Cruz, this the 16<sup>th</sup> day of Jan, 2007, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Rhonda Lea Cruz

 Print name of officer administering oath

Notary Public (Texas)

 Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/16/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John A. Rivera	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 106 S. 12 <sup>th</sup> Avenue, Edinburg, TX 78541		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Law Office of John A. Rivera		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 6/12/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rzynaaldo M. Merino	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4800 N. 10 <sup>th</sup> , Suite F, McAllen, TX 78504		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Rzynaaldo Merino		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 6/13/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David E. Cazares	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2762, McAllen, TX 78502		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm David E. Cazares attorney at law		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/30/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill Peralez	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4900 N. 10th, Suite C-3, McAllen, TX 78504		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm The Peralez Law Firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 6/28/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmundo Ramirez	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1101 Chicago Street, McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Ellis, Koeneke, Ramirez, LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 7/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Sotelo	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 763, Pharr, TX 78577		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Jesus Sotelo		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/30/06	Rogelio Garza	\$500.00	
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
P.O. Box 720074, McAllen, TX 78504			
9 Contributor's principal occupation		10 Contributor's job title	
Attorney			
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
Rogelio Garza Attorney at Law			
13 If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/24/06	Edmundo O. Ramirez	\$500.00	
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
900 S. 1st, McAllen, TX 78501			
Contributor's principal occupation		Contributor's job title	
Attorney			
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
Law Office of Edmundo O. Ramirez			
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/6/06	Richard Garza	\$1,000.00	
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
508 SO 12th Avenue, Edinburg, TX 78839			
Contributor's principal occupation		Contributor's job title	
Attorney			
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
Law Office of Richard Garza			
If contributor is a child, law firm of parent(s) (if any)			

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/21/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M. Mario Garcia	7 Amount of contribution (\$) \$ 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3510 Rosewood, Edinburg, TX 78539		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Law office of M. Mario Garcia		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 6/16/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L. Aaron Pena	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 S. Closer, Edinburg, TX 78534		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm L. Aaron Pena Law Office		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 6/15/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodrigo Martinez	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 101 N. 10th Street, Edinburg, TX 78541		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Rodrigo Martinez		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A(J):	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date 6/28/06	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqueline Salinas <b>6</b> Contributor address; City; State; Zip Code 612 Nolana, Suite 350, McAllen TX 78504	<b>7</b> Amount of contribution (\$) \$ 2,000.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Contributor's principal occupation Attorney		<b>10</b> Contributor's job title	
<b>11</b> Contributor's employer/law firm The Salinas Law Firm PLLC		<b>12</b> Law firm of contributor's spouse (if any)	
<b>13</b> If contributor is a child, law firm of parent(s) (if any)			

Date 6/26/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traci L. Evans Contributor address; City; State; Zip Code 7439 N. 20 <sup>th</sup> St. McAllen, TX 78504	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Ahlman & Evans Law Office		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 6/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anita G. Lozano Contributor address; City; State; Zip Code P.O. Box 1247, Weslaco, TX 78599	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Jones, Gulligan, Key & Lozano LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/23/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brin & Brin, P.C. 6 Contributor address; City; State; Zip Code 123 W. McIntire, Edinburg, TX 78941	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Brin & Brin, P.C.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 6/26/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roel R. Trevino Contributor address; City; State; Zip Code 1401 W. Polk, Pharr, TX 78577	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Roel Trevino		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 6/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos E. Ortejon Contributor address; City; State; Zip Code 3900 N. 10 <sup>th</sup> , Ste. 950, McAllen, TX 78501	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Carlos E. Ortejon		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/23/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fidel Luis Peña III	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 8366, Wsllaco, TX 78599		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Law Office of Fidel Peña III		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 6/22/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Macias	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4610 S. Glasner, Edinburg, TX 78539		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Carlos Macias		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 6/20/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza & Vela LLP	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3900 N. 10 <sup>th</sup> Street, McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Garza & Vela LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

# PLEGGED CONTRIBUTIONS (JUDICIAL)

# SCHEDULE B (J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule B(J):	
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇒      ⇒      ⇒      ⇒      ⇒      ⇒				\$
5 Date 6/27/06	6 Full name of pledgor Robert Guerra 7 Pledgor address; City; State; Zip Code 418 East Dove, McAllen, TX 78504	<input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$) \$1000.00	9 In-kind description (if applicable)
10 Pledgor's principal occupation Attorney		11 Pledgor's job title		
12 Pledgor's employer/law firm Thornton, Bicchlin, Segredo, Romales & Guerra		13 Law firm of pledgor's spouse (if any)		
14 If pledgor is a child, law firm of parent(s) (if any)				
Date 6/11/06	Full name of pledgor Ray Ibarra Pledgor address; City; State; Zip Code 1410 Dove, McAllen, TX 78504	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$) \$500.00	In-kind description (if applicable)
Pledgor's principal occupation Attorney		Pledgor's job title		
Pledgor's employer/law firm The Law Firm of Ray Ibarra		Law firm of pledgor's spouse (if any)		
If pledgor is a child, law firm of parent(s) (if any)				
Date 6/20/06	Full name of pledgor Sean O'Neill Pledgor address; City; State; Zip Code 888 Iron 22, Ste 100, San Antonio, TX 78216	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$) \$2,500.00	In-kind description (if applicable)
Pledgor's principal occupation Attorney		Pledgor's job title		
Pledgor's employer/law firm O'Neill & Baliga		Law firm of pledgor's spouse (if any)		
If pledgor is a child, law firm of parent(s) (if any)				

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date 8/4/06	5 Payee name Law Office of Arnaldo Cantu, Jr. 6 Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577	7 Amount (\$) \$ 1000.00
------------------	--	-----------------------------

8 Purpose of payment (See instructions regarding type of information required.) Payment on loan (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
---	---

Date 8/4/06	Payee name Law Office of Arnaldo Cantu, Jr. Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577	Amount (\$) \$ 1000.00
----------------	--	---------------------------

Purpose of payment (See instructions regarding type of information required.) Payment on Loan (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
---	---

Date 8/10/06	Payee name Law Office of Arnaldo Cantu, Jr. Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577	Amount (\$) \$ 3,500.00
-----------------	--	----------------------------

Purpose of payment (See instructions regarding type of information required.) Payment on Loan (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
---	---

Date 9/7/06	Payee name Law Office of Arnaldo Cantu, Jr. Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577	Amount (\$) \$ 1,200.00
----------------	--	----------------------------

Purpose of payment (See instructions regarding type of information required.) Payment on Loan (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/22/06	5 Payee name Law office of Arnoldo Cantu, Jr. 6 Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577	7 Amount (\$) \$ 1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Payment on loan (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/22/06	Payee name Law office of Arnoldo Cantu, Jr. Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577	Amount (\$) \$ 1,300.00
Purpose of payment (See instructions regarding type of information required.) Payment on Loan (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/6/06	Payee name Law office of Arnoldo Cantu, Jr. Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577.	Amount (\$) \$ 2,000.00
Purpose of payment (See instructions regarding type of information required.) Payment on Loan (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/9/06	Payee name Capital one Bank Payee address; City; State; Zip Code P.O. Box 61540, Pharr, TX 78577	Amount (\$) \$ 4.00
Purpose of payment (See instructions regarding type of information required.) Returned Check Fee Check # 09906 / Political Contribution (If travel outside of Texas, complete Schedule T) check		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure <i>(If travel outside of Texas, complete Schedule T)</i>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure <i>(If travel outside of Texas, complete Schedule T)</i>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure <i>(If travel outside of Texas, complete Schedule T)</i>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure <i>(If travel outside of Texas, complete Schedule T)</i>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure <i>(If travel outside of Texas, complete Schedule T)</i>	<input type="checkbox"/> Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount  
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule I:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address;            City;   State;   Zip Code  <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<b>8</b> Amount (\$)
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address;            City;   State;   Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address;            City;   State;   Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address;            City;   State;   Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address;            City;   State;   Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# OUTSTANDING LOANS

# SCHEDULE L

The instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Law Office of Arnaldo Cantu, Jr.

5 Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnaldo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnaldo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnaldo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Law Office of Arnoldo Cantu, Jr.

5 Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.	1 Total pages Schedule L: _____
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION	4 Name of lender <i>Law Office of Arnaldo Cantu, Jr.</i>
	5 Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>

GUARANTOR INFORMATION	6 Name of guarantor
<input checked="" type="checkbox"/> not applicable	7 Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender <i>Law Office of Arnaldo Cantu, Jr.</i>
	Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>

GUARANTOR INFORMATION	Name of guarantor
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code

GUARANTOR INFORMATION	Name of guarantor
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code

GUARANTOR INFORMATION	Name of guarantor
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule M:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

MP Computer with monitor, CPU and Printer.

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 63.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,229.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3,983.64

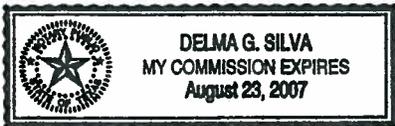
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 36,446.00

19 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arnoldo Cantu Jr, this the 16<sup>th</sup> day of July, 2007, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Delma G. Silva

Notary Public

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule A(J):	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description(if applicable)
<b>9</b> Contributor's principal occupation		<b>10</b> Contributor's job title	
<b>11</b> Contributor's employer/law firm		<b>12</b> Law firm of contributor's spouse (if any)	
<b>13</b> If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

# PLEGGED CONTRIBUTIONS (JUDICIAL)

# SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule B(J):	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$			
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... <b>7</b> Pledgor address;      City;   State;   Zip Code	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
<b>10</b> Pledgor's principal occupation		<b>11</b> Pledgor's job title	
<b>12</b> Pledgor's employer/law firm		<b>13</b> Law firm of pledgor's spouse (if any)	
<b>14</b> If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

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

# LOANS (JUDICIAL)

# SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule E(J):	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?  Y            N	<b>8</b> Lender address;    City;    State;    Zip Code		<b>10</b> Interest rate
			<b>11</b> Maturity date
<b>12</b> Lender's Principal Occupation		<b>13</b> Lender's Job Title	
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)	
<b>16</b> If lender is child, law firm of parent(s) (if any)			
<b>17</b> Description of Collateral  <input type="checkbox"/> none			
<b>18</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>19</b> Name of guarantor		<b>21</b> Amount Guaranteed (\$)
	<b>20</b> Guarantor address;    City;    State;    Zip Code		
<b>22</b> Guarantor's Principal Occupation		<b>23</b> Guarantor's Job Title	
<b>24</b> Guarantor's Employer/Law Firm		<b>25</b> Law Firm of guarantor's spouse (if any)	
<b>26</b> If guarantor is child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/15/07</b>	5 Payee name <b>Fred Garza</b> 6 Payee address; City; State; Zip Code <b>100 N. Closter, Edinburg, TX 78539</b>	7 Amount (\$) <b>\$229.00</b>
--------------------------	--	----------------------------------

8 Purpose of payment (See instructions regarding type of information required.) <b>Miscellaneous Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
---	---

Date <b>2/7/07</b>	Payee name <b>Law Office of Arnoldo Cantu, Jr.</b> Payee address; City; State; Zip Code <b>211 West Park, Pharr, TX 78577</b>	Amount (\$) <b>\$1,000.00</b>
-----------------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
---	---

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
------	--	-------------

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
---	---

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
------	--	-------------

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
---	---

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**OUTSTANDING LOANS**

**SCHEDULE L**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule L:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION  
 4 Name of lender  
 Law Office of Arnoldo Cantu, Jr.  
 5 Lender address; City; State; Zip Code  
 211 West Park, Pharr, Tx 78577

GUARANTOR INFORMATION  
 not applicable  
 6 Name of guarantor  
 7 Guarantor address; City; State; Zip Code

LENDER INFORMATION  
 Name of lender  
 Law Office of Arnoldo Cantu, Jr.  
 Lender address; City; State; Zip Code  
 211 West Park, Pharr, Tx 78577

GUARANTOR INFORMATION  
 not applicable  
 Name of guarantor  
 Guarantor address; City; State; Zip Code

LENDER INFORMATION  
 Name of lender  
 Law Office of Arnoldo Cantu, Jr.  
 Lender address; City; State; Zip Code  
 211 West Park, Pharr, Tx 78577

GUARANTOR INFORMATION  
 not applicable  
 Name of guarantor  
 Guarantor address; City; State; Zip Code

LENDER INFORMATION  
 Name of lender  
 Law Office of Arnoldo Cantu, Jr.  
 Lender address; City; State; Zip Code  
 211 West Park, Pharr, Tx 78577

GUARANTOR INFORMATION  
 not applicable  
 Name of guarantor  
 Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**OUTSTANDING LOANS**

**SCHEDULE L**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule L:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION 4 Name of lender  
 Law Office of Arnaldo Cantu, Jr.  
5 Lender address; City; State; Zip Code  
 211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION 6 Name of guarantor  
 not applicable 7 Guarantor address; City; State; Zip Code

LENDER INFORMATION Name of lender  
 Law Office of Arnaldo Cantu, Jr.  
Lender address; City; State; Zip Code  
 211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION Name of guarantor  
 not applicable Guarantor address; City; State; Zip Code

LENDER INFORMATION Name of lender  
 Law Office of Arnaldo Cantu, Jr.  
Lender address; City; State; Zip Code  
 211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION Name of guarantor  
 not applicable Guarantor address; City; State; Zip Code

LENDER INFORMATION Name of lender  
 Law Office of Arnaldo Cantu, Jr.  
Lender address; City; State; Zip Code  
 211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION Name of guarantor  
 not applicable Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION	4 Name of lender <i>Law Office of Arnaldo Cantu, Jr.</i>
	5 Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>

GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	6 Name of guarantor  7 Guarantor address; City; State; Zip Code
---	---

LENDER INFORMATION	Name of lender <i>Law Office of Arnaldo Cantu, Jr.</i>
	Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>

GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code
--	---

LENDER INFORMATION	Name of lender  Lender address; City; State; Zip Code
--------------------	---

GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code
--	---

LENDER INFORMATION	Name of lender  Lender address; City; State; Zip Code
--------------------	---

GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code
--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule M:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

MP Computer with monitor, CPU and Printer.

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED