

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 Mr. NICKNAME | FIRST Arnoldo LAST | MI Jr. SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | OFFICE USE ONLY |
| <input type="checkbox"/> Change of Address | 211 West Park Pharr TX 78577 | | Date Received 2007 JUL 16 |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (956) | PHONE NUMBER 318-2460 | Date Hand-delivered or Date Postmarked 4:24 |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. NICKNAME | FIRST David LAST | MI R. SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | Receipt # |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (956) | PHONE NUMBER 381-5605 | Date Processed |
| 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 1 | Day 1 | Year 07 |
| 11 ELECTION | ELECTION DATE Month / Day / Year 1 / 1 / 07 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE | OFFICE HELD (if any) Midalgo County Court #5 | 13 OFFICE SOUGHT (if known) | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | <p>** 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. **</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p> | | |
| <input type="checkbox"/> 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

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

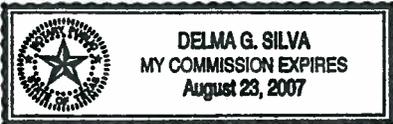
OUTSTANDING LOAN TOTALS

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 16th day of July, 2007, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Delma G. Silva

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#: _____) 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) | 8 In-kind contribution description(if applicable) |
| 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#: _____) 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. | 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#: _____) 7 Pledgor address; City; State; Zip Code | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
|---------------|---|--------------------------------|--|

| | |
|---|---|
| 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#: _____) 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) | |

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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 <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. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

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

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

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

| | |
|---|---|
| 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