

# 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  <i>ROLANDO</i> NICKNAME LAST SUFFIX <i>CANTU</i>	<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; font-size: 1.2em;"><b>RECEIVED FEB 04 2014</b> 2:40 pm</div> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <i>505 SHASTA AVE. MISSION, TEXAS 78504</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 497-5432</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI  <i>JOSEPH</i> NICKNAME LAST SUFFIX <i>PHILLIPS</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <i>109 RIO GRANDE DRIVE MISSION, TEXAS 78572</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 778-5500</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>01/01/2014    01/31/2014</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03/04/2014</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>PROBATE COURT JUDGE HIDALGO COUNTY</i>	

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

14 C/OH NAME ROLANDO CANTU 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

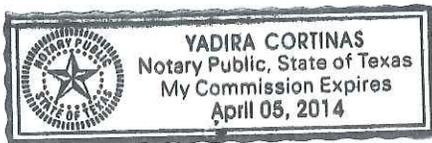
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

additional pages

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,176.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,723.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100,000.00

18 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 Rolando Cantu, this the 4<sup>th</sup> day of February, 20 14, to certify which, witness my hand and seal of office.

Yadira Cortinas      Yadira Cortinas      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 Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <i>1 of 10</i>	
2 FILER NAME <i>Rolando Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>01-03-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Armando M. Guerra</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>113 N. 9TH AVE Edinburg, Texas 78541</i>	(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title <i>Attorney</i>	
11 Contributor's employer/law firm <i>Law offices of Armando M. Guerra</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>01-08-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Willie McAllen</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>2102 W. University Dr. Edinburg, Texas 78539</i>	(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title	
Contributor's employer/law firm <i>Law offices of Willie McAllen</i>		Law firm of contributor's spouse (if any) <i>Attorney</i>	
If contributor is a child, law firm of parent(s) (if any) <i>and Associates</i>			
Date <i>01-09-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael R De Leon</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>301 N. Main St. Ste 1 McAllen, Texas 78501</i>	(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>THE LAW OFFICE OF MICHAEL R. DE LEON</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any) <i>PULL</i>			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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): <i>2 of 10</i>
---	--

2 FILER NAME <i>Rolando Cantú</i>	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------------	--

4 Date <i>01-10-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert M. Capello</i>	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>114 S. 12th Ave. Edinburg, Texas 78539</i>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation <i>Attorney</i>	10 Contributor's job title <i>Attorney</i>
---	---

11 Contributor's employer/law firm <i>Law office of Robert M. Capello Jr.</i>	12 Law firm of contributor's spouse (if any)
--	--

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

Date <i>01-15-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Francisco J. Rodriguez</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1111 W. Nolana Ave. McAllen, Texas 78504</i>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation <i>Attorney</i>	Contributor's job title <i>Attorney</i>
---	--

Contributor's employer/law firm <i>Law office of Francisco J. Rodriguez</i>	Law firm of contributor's spouse (if any)
--	---

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

Date <i>01-07-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catherine G. Roberts</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>51 West 74th St. New York, N.Y. 10023</i>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation <i>oil and gas</i>	Contributor's job title <i>Business</i>
--	--

Contributor's employer/law firm <i>self-employed</i>	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 SCHEDULE 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): <i>3 of 10</i>	
2 FILER NAME <i>Rolando Cantó</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>01-08-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wendy Stieren Wirth</i>	7 Amount of contribution (\$) <i>\$ 1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P. O. Box 158 Bulverde, Texas 78163</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Oil and gas</i>		10 Contributor's job title <i>Business</i>	
11 Contributor's employer/law firm <i>self-employed</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>01-08-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George L. or Teri L. Stieren</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>320 Hummingbird Lane Kerrville, Texas 78028</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Oil and gas</i>		Contributor's job title <i>Business</i>	
Contributor's employer/law firm <i>self-employed</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>01-09-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amy Stieren Smiley</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6338 N. New Bravetels #215 San Antonio, Texas 78209</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>oil and gas</i>		Contributor's job title <i>Business</i>	
Contributor's employer/law firm <i>self-employed</i>		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 SCHEDULE 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): <i>4 of 10</i>	
2 FILER NAME <i>Rolando Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>01-10-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jenny or Rick Schimpff</i>	7 Amount of contribution (\$) <i>\$ 1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8 Osborn Hill San Antonio, Texas 78209</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Oil and gas</i>		10 Contributor's job title <i>Business</i>	
11 Contributor's employer/law firm <i>Self-employed</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>01-07-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barry C. Roberts</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7373 Broadway St. Ste 406 San Antonio, Texas 78209</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Oil and gas</i>		Contributor's job title <i>Business</i>	
Contributor's employer/law firm <i>Self-employed</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>01-20-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa R. Carranza</i>	Amount of contribution (\$) <i>\$ 500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1111 W. Nolana McAllen, Texas 78504</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Law Office of Melissa R. Carranza</i>		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 SCHEDULE 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): <i>5 of 10</i>	
2 FILER NAME <i>Rolando Cantó</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>01-21-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan R. Zamora</i>	7 Amount of contribution (\$) <i>\$ 1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1410 Dove Ave. McAllen, Texas 78504</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title <i>Attorney</i>	
11 Contributor's employer/law firm <i>The Law Office of Juan R. Zamora</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>01-21-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eloy R. Garcia</i>	Amount of contribution (\$) <i>\$ 300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>118 E Cano St. Edinburg, Texas 78539</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Law Offices of Eloy R. Garcia Jr.</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>01-20-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr. + Mrs. Armando Marraguin Jr.</i>	Amount of contribution (\$) <i>\$ 250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3307 Omega St. Edinburg, Texas 78539</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Business</i>		Contributor's job title <i>Business</i>	
Contributor's employer/law firm <i>Self-employed</i>		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 SCHEDULE 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): <i>6 of 10</i>	
2 FILER NAME <i>Rolando Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>01-22-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Abiel Flores</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>10213 N. 107th St. McAllen, Texas 78504</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title <i>Attorney</i>	
11 Contributor's employer/law firm <i>The Law Offices of Abiel Flores</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any) <i>PLLC</i>			

Date <i>01-22-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose G. Gonzalez</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2102 W. University Dr. Edinburg, Texas 78539</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Law Office of Jose G Gonzalez</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>01-28-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joseph F. Phillips</i>	Amount of contribution (\$) <i>\$ 1,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1810 McAllen, Texas 78505</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Business</i>		Contributor's job title <i>Business</i>	
Contributor's employer/law firm <i>Self-employed</i>		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 SCHEDULE 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): <i>7 of 10</i>	
2 FILER NAME <i>Rolando Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>01-21-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James R.W. Daniell</i> <i>Kelly S. Daniell</i>	7 Amount of contribution (\$) <i>\$ 1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>601 Terrell Rd.</i> <i>San Antonio, Texas 78209</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Oil and gas</i>		10 Contributor's job title <i>Business</i>	
11 Contributor's employer/law firm <i>Self-employed</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>01-24-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wallace J. or Lisa S. Cox</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6338 N. New Braunfels</i> <i>San Antonio, Texas 78209</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Oil and gas</i>		Contributor's job title <i>Business</i>	
Contributor's employer/law firm <i>Self-employed</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>01-27-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Garcia &amp; Karam</i>	Amount of contribution (\$) <i>\$ 2,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>820 South Main</i> <i>McAllen, Texas 78501</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Garcia &amp; Karam, LLP</i>		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 SCHEDULE 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): 8 of 10	
2 FILER NAME Rolando Cantú		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01-27-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Perez	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P. O. Box 4629 McAllen, Texas 78502		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer/law firm Ricardo Perez		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 01-23-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julian Carlos Gomez	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7824 N. 5TH. McAllen, Texas 78504		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm The Gomez Law Firm, PLLC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 01-24-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Campbell	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1210 E. Tyler Harlingen, Texas 78550		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Realtor		Contributor's job title Realtor	
Contributor's employer/law firm Self-employed		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 SCHEDULE 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): <i>9 of 10</i>	
2 FILER NAME <i>Rolando Cantú</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>01-14-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Betty S. and Robert E. Kelso</i>	7 Amount of contribution (\$) <i>\$ 1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>640 Ivy Ln. San Antonio, Texas 78209</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Oil and gas</i>		10 Contributor's job title <i>Business</i>	
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 <i>01-03-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Santos Maldonado Jr.</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>209 E. University Drive Edinburg, Texas 78539</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Law Office of Santos Maldonado Jr.</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>01-31-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George Rubio</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>321 S. 12th Street McAllen, Texas 78501</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Loncar &amp; Associates</i>		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 SCHEDULE 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):  
*10 of 10*

2 FILER NAME *Rolando Cantó* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>01-31-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roberto Salazar</i>	7 Amount of contribution (\$) <i>\$1,850.00</i>	8 In-kind contribution description (if applicable) <i>materials</i>
6 Contributor address; City; State; Zip Code <i>901 8th Street Mission, Texas 78572</i>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation *Mission Vacuum* 10 Contributor's job title  
*Supervisor*

11 Contributor's employer/law firm *MISSION VACUUM* 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)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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 SCHEDULE 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): 1

2 FILER NAME

Rolando Cantó

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

5 Date

6 Full name of pledgor    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    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    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 SCHEDULE 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): <u>1</u>
2 FILER NAME <u>Rolando Cantu</u>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    →    →    →    →    →    →		\$ <u>100,000.00</u>
5 Date of loan <u>12-04-2013</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Plains Capital Bank</u>	9 Loan Amount (\$) <u>100,000.00</u>
6 Is lender a financial institution?  <input checked="" type="radio"/> Y <input type="radio"/> N	8 Lender address; City; State; Zip Code  <u>Edinburg, Texas 78539</u>	10 Interest rate <u>2.543%</u>
		11 Maturity date <u>12-03-2014</u>
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 <u>CD</u>		18 Check if personal funds were deposited into political account <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor  ..... 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1 of 4</i>		2 FILER NAME <i>Rolando Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>01-08-2014</i>		5 Payee name <i>Plains Capital Bank</i>			
6 Amount (\$) <i>\$ 52.40</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 810 Edinburg, Texas 78540</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>OTHER</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Loan interest</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>01-10-2014</i>		Payee name <i>Print Works</i>			
Amount (\$) <i>\$ 5,285.80</i>		Payee address; City; State; Zip Code <i>1414 Pecan Blvd. McAllen, Texas 78501</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>01-10-2014</i>		Payee name <i>Print Works</i>			
Amount (\$) <i>\$ 1,748.43</i>		Payee address; City; State; Zip Code <i>1414 Pecan Blvd. McAllen, Texas 78501</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>01-15-2014</i>		Payee name <i>Diana Gonzalez</i>			
Amount (\$) <i>\$ 750.00</i>		Payee address; City; State; Zip Code <i>507 Woodland Dr. Pharr, Texas 78577</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Rent - Headquarters</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>2 of 4</i>	2 FILER NAME <i>Rolando Cantu</i>	3 ACCOUNT # (Ethics Commission Filers)
--	--------------------------------------	--

4 Date <i>01-17-2014</i>	5 Payee name <i>Print Works</i>
-----------------------------	------------------------------------

6 Amount (\$) <i>\$1,380.00</i>	7 Payee address; City; State; Zip Code <i>1414 Pecan Blvd. McAllen, Texas 78501</i>
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	---	---

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

Date <i>01-18-2014</i>	Payee name <i>MIKE Carretera</i>
---------------------------	-------------------------------------

Amount (\$) <i>\$5,000.00</i>	Payee address; City; State; Zip Code <i>125 Paseo del Prado Edinburg, Texas 78539</i>
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consultant Expense</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

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

Date <i>01-20-2014</i>	Payee name <i>Jose C Rubio</i>
---------------------------	-----------------------------------

Amount (\$) <i>\$320.00</i>	Payee address; City; State; Zip Code <i>Hargill, Texas</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Sign Labor</i>
------------------------	--	--

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

Date <i>01-28-2014</i>	Payee name <i>Print Works</i>
---------------------------	----------------------------------

Amount (\$) <i>\$102.83</i>	Payee address; City; State; Zip Code <i>1414 Pecan Blvd. McAllen, Texas 78501</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>3 of 4</i>		2 FILER NAME <i>Rolando Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>01-27-2014</i>		5 Payee name <i>American Express</i>			
6 Amount (\$) <i>\$ 849.18</i>		7 Payee address; City; State; Zip Code <i>P. O. Box 650448 Dallas, Texas 75265-0448</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Other</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Printing + gas expense</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <i>01-27-2014</i>		Payee name <i>S.O.S.</i>			
Amount (\$) <i>\$ 250.00</i>		Payee address; City; State; Zip Code <i>Edinburg, Texas 78539</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>ROTARY CONTRIBUTIONS</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <i>01-27-2014</i>		Payee name <i>Jose C Rubio</i>			
Amount (\$) <i>\$ 160.00</i>		Payee address; City; State; Zip Code <i>Hargill, Texas</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other</i>		Description (If travel outside of Texas, complete Schedule T) <i>Sign Labor</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <i>01-28-2014</i>		Payee name <i>Print Works</i>			
Amount (\$) <i>\$ 102.84</i>		Payee address; City; State; Zip Code <i>1414 Pecan Blvd. McAllen, Texas 78501</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>4 of 4</i>	<b>2</b> FILER NAME <i>Rolando Cantú</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)		
<b>4</b> Date <i>01-29-2014</i>	<b>5</b> Payee name <i>UTPA Environmental Club</i>			
<b>6</b> Amount (\$) <i>\$ 175.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>Edinburg, Texas</i>			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Contribution</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages 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> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: <i>1</i>	2 FILER NAME <i>Rolando Cantu</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--------------------------------------	--

4 Date	5 Business name
--------	-----------------

6 Amount (\$)	7 Business address; City; State; Zip Code
---------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

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

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: <i>1</i>	2 FILER NAME <i>Rolando Cantu</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

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

2 FILER NAME <u>Rolando Cantu</u>	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------------	--

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L: 1

2 FILER NAME

*Rolando Cantú*

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 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

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 SCHEDULE AS NEEDED

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:

1

2 FILER NAME

Rolando Cantú

3 ACCOUNT # (Ethics Commission Filers)

4 Description of Asset

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

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

2 FILER NAME <u>Rolando Cantú</u>	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------------	--

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel	7 Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)
----------------------------	--

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
-------------------------	---

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
-------------------------	---

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

Rolando Cantó

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder