

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: <div style="text-align: center; font-size: 24px; font-weight: bold;">17</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. Martin N. <small>NICKNAME LAST SUFFIX</small> "Marty" Cantu	OFFICE USE ONLY Date Received 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 PO Box 21 San Juan TX 78589	APR 30 2012 10:35 am 	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 289-3040		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Leopoldo <small>NICKNAME LAST SUFFIX</small> "Polo" Palacios Jr		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 117 E. Emil Pharr TX 78577		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 624-2703		
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 1 / 1 / 12 4 / 19 / 12		
11 ELECTION	ELECTION DATE Month Day Year 5 / 29 / 12	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) Hidalgo County Precinct 2 Constable	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$

15,350.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

200.23

4. TOTAL POLITICAL EXPENDITURES

\$

3843.55

CONTRIBUTION
BALANCE

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

\$

11,506.45

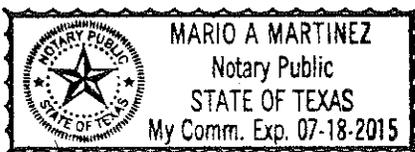
OUTSTANDING
LOAN TOTALS

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

\$

9,556.27

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.

Mario A. Martinez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mario A. Martinez this the 30th day of April, 20 12, to certify which, witness my hand and seal of office.

Mario A. Martinez
Signature of officer administering oath

Mario A. Martinez
Printed name of officer administering oath

Notary Public
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: 9	
2 FILER NAME Martin N "Marty" Cantu		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/12/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Michael Cano 6 Contributor address; City; State; Zip Code 1213 E. Pecan Pharr TX 78577	7 Amount of contribution (\$) 500. ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/2/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L. Keith & Bruni B. Fox Contributor address; City; State; Zip Code PO Box 22BB McAllen TX 78501	Amount of contribution (\$) 500. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/3/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John David & Annette Franz Contributor address; City; State; Zip Code 400 N. McGill Rd Ste B McAllen TX 78501	Amount of contribution (\$) 250. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/3/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of John David Franz Contributor address; City; State; Zip Code 400 N. McGill Rd Ste B McAllen TX 78501	Amount of contribution (\$) 250. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert L. Levine Contributor address; City; State; Zip Code 9660 Katy Freeway Houston TX 77055	Amount of contribution (\$) 1,500. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Martin N. "Marty" Cantu		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/20/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERO International, LLP 6 Contributor address; City; State; Zip Code 300 S. 8th St McAllen TX 78502	7 Amount of contribution (\$) 500. ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eliud & Maritza Martinez Contributor address; City; State; Zip Code 1211 South Standard San Juan TX 78589	Amount of contribution (\$) 500. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Veronica Moncivais Contributor address; City; State; Zip Code 1019 W. Hwy 83 Alamo, TX 78516	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Enrique Maldonado Contributor address; City; State; Zip Code 5121 S. Alamo Rd, Edinburg, TX 78542	Amount of contribution (\$) 500. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Law Office of Rodriguez & Rodriguez Contributor address; City; State; Zip Code 220 S. Jackson Rd Edinburg TX 78539	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Martin N. "Marty" Canter</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/15/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alberto Luis Lopez</i> 6 Contributor address; City; State; Zip Code <i>13337 Borolo Dr, Edinburg TX 78541</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Danny Cuellar</i> Contributor address; City; State; Zip Code <i>906 W. 9th San Juan, TX 78589</i>	Amount of contribution (\$) <i>300.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/20/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan Joel Garza</i> Contributor address; City; State; Zip Code <i>11649 Treasure Hills Blvd Ste B11 Harlingen TX 78550</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jason A. Burkett</i> Contributor address; City; State; Zip Code <i>4336 N. McColl Rd McAllen, TX 78504</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Pruneda</i> Contributor address; City; State; Zip Code <i>1900 Angelina Marie, Pharr TX 78577</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Martin N. "Marty" Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/17/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elisao & Carmen De Leon</i> 6 Contributor address; City; State; Zip Code <i>2205 Spice Berry Dr Austin TX 78728</i>	7 Amount of contribution (\$) <i>100.⁰⁰</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/21/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Manuel & Rosa Gonzalez</i> Contributor address; City; State; Zip Code <i>Po Box 922 San Juan TX 78589</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/21/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Arturo Martinez</i> Contributor address; City; State; Zip Code <i>414 S. Cage Blvd Pharr TX 78577</i>	Amount of contribution (\$) <i>150.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/21/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of E. Omar Maldonado</i> Contributor address; City; State; Zip Code <i>4308 N. McColl McAllen TX 78504</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/22/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peralez Franz</i> Contributor address; City; State; Zip Code <i>1416 Dove Ave McAllen TX 78504</i>	Amount of contribution (\$) <i>250.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Martin N. "Marty" Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/22/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose A. Rodriguez</i> 6 Contributor address; City; State; Zip Code <i>1001 S. King Rd San Juan TX 78589</i>	7 Amount of contribution (\$) <i>100.⁰⁰</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/22/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alberto Barbosa</i> Contributor address; City; State; Zip Code <i>817 N. Ware Rd Still MeAllen TX 78501</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/22/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>The Harkrider Law Firm</i> Contributor address; City; State; Zip Code <i>Po Box 3849 Edinburg TX 78540</i>	Amount of contribution (\$) <i>50.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/22/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hector & Dana Guerra</i> Contributor address; City; State; Zip Code <i>1408 W. Moore Rd Pharr TX 78579</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/23/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward C. Estrada</i> Contributor address; City; State; Zip Code <i>PO Box 1797 Edinburg TX 78540</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Martin N. "Marty" Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/23/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis N. Singleton</i> 6 Contributor address; City; State; Zip Code <i>300 E. Pecan Blvd McAllen TX 78501</i>	7 Amount of contribution (\$) <i>500.⁰⁰</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/23/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo Perez</i> Contributor address; City; State; Zip Code <i>PO Box 4629 McAllen TX 78502</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/23/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo Alnojosa</i> Contributor address; City; State; Zip Code <i>307 E. 27th St Mission TX 78572</i>	Amount of contribution (\$) <i>1,000.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/23/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Costa Messa Restaurant</i> Contributor address; City; State; Zip Code <i>1621 N. 11th St. McAllen TX 78501</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/23/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Horacio Castillo</i> Contributor address; City; State; Zip Code <i>1906 S. Standard Ave San Juan TX 78589</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Martin N. "Marty" Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/23/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Saul D. Samuel D. Maldonado</i> 6 Contributor address; City; State; Zip Code <i>801 E. Ferguson Ste B Pharr, TX 78577</i>	7 Amount of contribution (\$) <i>300.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/23/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Manuel N. Sylvia Cantu</i> Contributor address; City; State; Zip Code <i>3202 Blue Stone St. Edinburg TX 78542</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/23/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Law Office of Kelly Rivera Salazar</i> Contributor address; City; State; Zip Code <i>210 W. Cane Ste C Edinburg TX 78539</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/23/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Juan M. Diamantina Pena</i> Contributor address; City; State; Zip Code <i>308 W. Tulip Ave McAllen TX 78504</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/23/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Law Office of Jose A. Ramirez</i> Contributor address; City; State; Zip Code <i>210 W. Cane St. Ste B. Edinburg TX 78539</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Martin N. "Marty" Cantu		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/24/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arturo J. De Leon 6 Contributor address; City; State; Zip Code 315 E. 14 ^{1/2} St. San Juan, TX 78589	7 Amount of contribution (\$) 250. ⁰⁰	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael & Elizabeth Tuttle Contributor address; City; State; Zip Code P.O. Box 4450 Edinburg, TX 78540	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beatrice Yvonne Zapata Contributor address; City; State; Zip Code 1107 E. Stubbs St. Edinburg TX 78539	Amount of contribution (\$) 50. ⁰⁰	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike A. Bruneda Contributor address; City; State; Zip Code 1307 S. Dogwood St. Pharr, TX 78577	Amount of contribution (\$) 500. ⁰⁰	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier & Maria Alma Hinojosa Contributor address; City; State; Zip Code 1308 Encanto Blvd Mission TX 78574	Amount of contribution (\$) 1,000. ⁰⁰	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Martin N. "Marty" Candu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/28/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yzaguirre, Chapa Attorneys @ Law</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6521 N. 10th St A McAllen TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Javier Garcia ? Martha V. Candu</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>14623 Dauber SAN Antonio TX 78248</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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: 6	2 FILER NAME: Martin N. "Marty" Cantu	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	---

4 Date: 1-14-12	5 Payee name: Murphy USA
---------------------------	------------------------------------

6 Amount (\$): 75.00	7 Payee address; City; State; Zip Code: 6216 N. Cesar Chavez, Alamo, TX 78516
--------------------------------	---

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

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

Date: 1-17-12	Payee name: Murphy USA
------------------	---------------------------

Amount (\$): 75.00	Payee address; City; State; Zip Code: 6216 N. Cesar Chavez, Alamo, TX 78516
-----------------------	--

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

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

Date: 1-26-12	Payee name: Murphy USA
------------------	---------------------------

Amount (\$): 75.00	Payee address; City; State; Zip Code: 6216 N. Cesar Chavez, Alamo, TX 78516
-----------------------	--

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

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

Date: 1-27-12	Payee name: Creative Management Advertising
------------------	--

Amount (\$): 200.00	Payee address; City; State; Zip Code:
------------------------	---------------------------------------

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

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:	2 FILER NAME Martin N. "Marty" Carter	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---	---

4 Date 2-1-12	5 Payee name Murphy USA
-------------------------	-----------------------------------

6 Amount (\$) 75.00	7 Payee address; City; State; Zip Code Leslie N. Cesar Chavez Alamo TX 78516
-------------------------------	--

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

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

Date 2-4-12	Payee name Murphy USA
----------------	--------------------------

Amount (\$) 75.00	Payee address; City; State; Zip Code Leslie N. Cesar Chavez Alamo TX 78516
----------------------	---

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

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

Date 2-8-12	Payee name Murphy USA
----------------	--------------------------

Amount (\$) 75.00	Payee address; City; State; Zip Code Leslie N. Cesar Chavez Alamo TX 78516
----------------------	---

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

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

Date 2-10-12	Payee name Matt's Building Materials, Inc.
-----------------	---

Amount (\$) 345.36	Payee address; City; State; Zip Code 404 E. Exp 83 Pharr, TX 78577
-----------------------	---

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

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: -	2 FILER NAME Martin N. "Marty" Cantu	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--	---

4 Date 2-14-12	5 Payee name Murphy USA
--------------------------	-----------------------------------

6 Amount (\$) 50.01	7 Payee address; City; State; Zip Code 1226 N. Cesar Chavez Alamo, TX 78516
-------------------------------	---

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

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

Date 2-17-12	Payee name Stripes
-----------------	-----------------------

Amount (\$) 30.01	Payee address; City; State; Zip Code 1218 E. Canton Rd Edinburg TX 78539
----------------------	---

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

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

Date 2-23-12	Payee name Sam's Club
-----------------	--------------------------

Amount (\$) 303.21	Payee address; City; State; Zip Code 1400 E Jackson McAllen TX
-----------------------	---

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

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

Date 2-22-12	Payee name Valley Institutional Foods Company
-----------------	--

Amount (\$) 571.97	Payee address; City; State; Zip Code 36080 N. Hwy 281 Edinburg TX 78542
-----------------------	--

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

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:	2 FILER NAME Martin N. "Marty" Cantho	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---	---

4 Date 2-23-12	5 Payee name Texas Equipment Rentals
--------------------------	--

6 Amount (\$) 53.30	7 Payee address; City; State; Zip Code 1212 N. 23RD McAllen TX 78501
-------------------------------	--

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

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

Date 2-24-12	Payee name Shell
-----------------	---------------------

Amount (\$) 00.00	Payee address; City; State; Zip Code 1420 East Hwy B3 McAllen TX 78501
----------------------	---

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

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

Date 2-27-12	Payee name Loan Star National Bank
-----------------	---------------------------------------

Amount (\$) 229.21	Payee address; City; State; Zip Code 118 S. Cose Pharr TX 78577
-----------------------	--

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

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

Date 3-1-12	Payee name Murphy USA
----------------	--------------------------

Amount (\$) 75.00	Payee address; City; State; Zip Code 1026 N. Cesar Chavez Alamo TX 78516
----------------------	---

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

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:	2 FILER NAME Martin N. "Marta" Cansta	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-3-12	5 Payee name Murphy USA	
6 Amount (\$) 35.04	7 Payee address; City; State; Zip Code 1026 N. Cesar Chavez Alamo TX 78516	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation Related Expense	(b) Description (If travel outside of Texas, complete Schedule T) fuel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-5-12	Payee name Advance Publishing Co.	
Amount (\$) 420.00	Payee address; City; State; Zip Code 1101 N. Cage Blvd. Pharr, TX 78577	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ad.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-23-12	Payee name Pilar Moreno	
Amount (\$) 200.00	Payee address; City; State; Zip Code 1305 E Juarez Pharr, TX 78577	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	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 3-26-12	Payee name Murphy USA	
Amount (\$) 75.00	Payee address; City; State; Zip Code 1026 N. Cesar Chavez Alamo, TX 78516	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Related Expense	Description (If travel outside of Texas, complete Schedule T) Diesel
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:	2 FILER NAME Martin N. "Marty" Carter	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---	---

4 Date 3-26-12	5 Payee name Gabriel Salazar
--------------------------	--

6 Amount (\$) 350.00	7 Payee address: City; State; Zip Code 1417 Kendalia Ave San Antonio TX 78224
--------------------------------	---

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

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

Date 4-3-12	Payee name Murphy USA
----------------	--------------------------

Amount (\$) 50.04	Payee address; City; State; Zip Code Leslie N. Cesar Chavez Alamo TX 78516
----------------------	---

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

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

Date 4-5-12	Payee name Valero
----------------	----------------------

Amount (\$) 75.17	Payee address; City; State; Zip Code 3701 W. Business 83 McAllen, TX
----------------------	---

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

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

Date 4-10-12	Payee name Murphy USA
-----------------	--------------------------

Amount (\$) 50.00	Payee address; City; State; Zip Code Leslie N. Cesar Chavez Alamo TX 78516
----------------------	---

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED