

ORIGINAL

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
	NICKNAME	LAST	SUFFIX
505 SHASTA AVE. McAllen, Texas 78504		OFFICE USE ONLY	
Date Received		RECEIVED FEB 24 2014	
Date Hand-delivered or Postmarked		a.p.	
Receipt #		Amount	
Date Processed			
Date Imaged			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" 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
11 ELECTION	ELECTION DATE Month Day Year	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)	
		PROBATE COURT JUDGE HIDALGO COUNTY	

GO TO PAGE 2

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

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

14 C/OH NAME

Rolando Cantú

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ *11,700.00*

EXPENDITURE TOTALS

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

\$ *— 0 —*

4. TOTAL POLITICAL EXPENDITURES

\$ *43,436.81*

CONTRIBUTION BALANCE

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

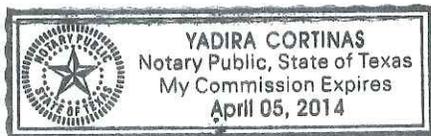
\$ *31,736.81*

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 Cantú*, this the *24* 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 5</i>	
2 FILER NAME <i>Rolando Cantú</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1-29-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jones, Galligan, Key, & Lozano</i>	7 Amount of contribution (\$) <i>\$1000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P. O. Drawer 1247 Westlaco, TX 78599-1247</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>Jones, Galligan, Key, & Lozano, LLP</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>2-4-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sergio and Anita Lozano...</i>	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2309 Spicewood Dr. Westlaco, TX 78596</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>Jones, Galligan Key, & Lozano</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>2-5-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Antonio D. Peña</i>	Amount of contribution (\$) <i>\$1,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4907 S. Jackson Rd. Edinburg, TX 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>Antonio D. Peña</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<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 (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <i>2 of 5</i>	
2 FILER NAME <i>Rolando Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-4-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard D. Gonzalez</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5429 N. 23rd. Ste D. McAllen, Tex 78504-4193</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title <i>ATTORNEY</i>	
11 Contributor's employer/law firm <i>THE Law Office of Richard D. Gonzalez</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>2-6-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Flores and Torres</i>	Amount of contribution (\$) <i>\$ 500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>118 E. Cano St. Edinburg, TX 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 Flores and Torres</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>2-4-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr. or Mrs. John G. Phillips</i>	Amount of contribution (\$) <i>\$ 500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P. O. Box 5848 McAllen Tx 78502</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>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 (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <i>3 of 5</i>	
2 FILER NAME <i>Rolando Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-7-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Curtin</i>	7 Amount of contribution (\$) <i>\$200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4521 Ben Hogan Avenue McAllen, TX 78503</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Business</i>		10 Contributor's job title <i>manager</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>2-10-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lucia Regalado</i>	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>201 Quail Court 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 Firm of Lucia Regalado</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>2-12-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo Perez</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 4629 McAllen, Texas 78502</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 Ricardo Perez</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<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 (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <i>4 of 5</i>	
2 FILER NAME <i>Rolando Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-10-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose M. Garza</i>	7 Amount of contribution (\$) <i>\$1000.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>P. O Box 3957 Edinburg, TX 78540</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>Jose M. Garza, Attorney at Law</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>2-13-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johnathan Ball</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>6521 N. 10th St. Ste. A 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>Johnathan Ball, Attorney at Law</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>2-14-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heriberto J. Alanis, M.D.</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>501 Rose Ellen Blvd McAllen, Texas 78501</i>	(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Doctor</i>		Contributor's job title <i>Doctor</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>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 (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <i>5 of 5</i>	
2 FILER NAME <i>Rolando Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-14-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rafael De La Garza</i>	7 Amount of contribution (\$) <i>\$1000.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>4943 South Jackson Rd. 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>THE LAW OFFICES OF RAFAEL DE LA GARZA, PLLC</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>2-18-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julian and Maricela Gomez</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>716 South 'G' Street McAllen, TX 78501-8807</i>	(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>DOCTOR</i>		Contributor's job title <i>DOCTOR</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>2-14-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Perezalez Franz</i>	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1416 Dove 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>Perezalez Franz Attorney at Law</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<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>			

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 1
2 FILER NAME <i>Rolando Cantu'</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ <i>100,000.00</i>
5 Date of loan <i>12-04-2013</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Plains Capital Bank</i>	9 Loan Amount (\$) <i>100,000.00</i>
6 Is lender a financial institution? <input checked="" type="radio"/> Y <input type="radio"/> N	8 Lender address; City; State; Zip Code <i>Edinburg, Texas 78539</i>	10 Interest rate <i>2.543%</i>
		11 Maturity date <i>12-03-2014</i>
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 <i>CO</i>		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 3</i>		2 FILER NAME <i>Rolando Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-9-2014</i>		5 Payee name <i>Peter Salinas</i>			
6 Amount (\$) <i>\$1500.00</i>		7 Payee address; City; State; Zip Code <i>601 E. Van Week Edinburg, Texas 78541</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Consultant 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	
Date <i>2-6-2014</i>		Payee name <i>Jose E. 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2-8-2014</i>		Payee name <i>Mike Carrera</i>			
Amount (\$) <i>\$ 5000.00</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2-11-2014</i>		Payee name <i>Brian Godinez</i>			
Amount (\$) <i>\$ 4232.25</i>		Payee address; City; State; Zip Code <i>300 S. 8th. St. McAllen, Texas</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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 3</i>	2 FILER NAME <i>Rolando Cantú</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2-12-2014</i>	5 Payee name <i>Print Works</i>
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6 Amount (\$) <i>\$7496.88</i>	7 Payee address; City; State; Zip Code <i>1414 Pecan Blvd McAllen, Texas 78501</i>
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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)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-12-2014</i>	Payee name <i>Print Works</i>
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Amount (\$) <i>\$7496.87</i>	Payee address; City; State; Zip Code <i>1414 Pecan Blvd. McAllen, Texas 78501</i>
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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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-18-2014</i>	Payee name <i>American Express</i>
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Amount (\$) <i>\$746.67</i>	Payee address; City; State; Zip Code <i>P.O. Box 650448 Dallas, Texas 75265</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other (Gasoline)</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-13-2014</i>	Payee name <i>Mike Carrera</i>
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Amount (\$) <i>\$15,000.00</i>	Payee address; City; State; Zip Code <i>125 Paseo del Prado Edinburg, Texas 78539</i>
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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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 3</i>	2 FILER NAME <i>Rolando Cantu</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2-21-2014</i>	5 Payee name <i>THE MONITOR</i>
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6 Amount (\$) <i>\$1750.00</i>	7 Payee address; City; State; Zip Code <i>1400 East Nolana McAllen, Texas 78504</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-20-2014</i>	Payee name <i>Plains Capital Bank</i>
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Amount (\$) <i>\$ 54.14</i>	Payee address; City; State; Zip Code <i>P.O. Box 810 Edinburg, Texas 78540</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)
------------------------	---	---

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

Date	Payee name
------	------------

Amount (\$)	Payee 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee 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 <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 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.

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

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee 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)
---------------------------------	---	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee 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)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee 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)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee 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)
------------------------	--	---

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

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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

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.)

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: *1*

2 FILER NAME

Rolando Caatu

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 Cantu

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

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: 1

2 FILER NAME

Rolando Cantu

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 Cantú

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