

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">16</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI Mr. Martin N. NICKNAME LAST SUFFIX "Marty" Cantu	OFFICE USE ONLY Date Received RECEIVED JUN 01 2015 @ 12:00 PM Date Hand-delivered or Date 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		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 289-3040		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI Mr. Leopoldo NICKNAME LAST SUFFIX "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 checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 14 THROUGH 12 / 31 / 14		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Constable Pct. 2	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Martin Cantu 15 Filer ID (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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,668.04
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 108.11
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,569.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,250.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,216.42

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Martin Cantu
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said MARTIN N. CANTU, this the 4TH day of JUNE, 20 15, to certify which, witness my hand and seal of office.

Lorenzo Ortiz Jr. Signature of officer administering oath
LORENZO ORTIZ JR. Printed name of officer administering oath
Notary Public Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME: Martin Cantu		3 Filer ID (Ethics Commission Filers)
4 Date: 9/12/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamez & Oregon, PLLC 6 Contributor address; City; State; Zip Code 1009 E. EXP 83 Pharr, TX 78577	7 Amount of contribution (\$): 140.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date: 9/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Con Brazos Abiertos, LLC Contributor address; City; State; Zip Code PO BOX 10 Walsaco TX 78599	Amount of contribution (\$): 140.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 9/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidum Burgers, LLC Contributor address; City; State; Zip Code 106 E. Cherokee Ave Pharr, TX 78577	Amount of contribution (\$): 148.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 9/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrique Maldonado Contributor address; City; State; Zip Code 5721 S. Alamo Rd Edinburg TX 78542	Amount of contribution (\$): 70.00
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Martin Cantu</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/19/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roy & Hipolita Quintanilha</i> 6 Contributor address; City; State; Zip Code <i>3508 Patenque Dr McAllen, TX 78504</i>	7 Amount of contribution (\$) <i>70.⁰⁰</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/19/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronaldo Cruz Cantu</i> Contributor address; City; State; Zip Code <i>1321 Marble St. Pharr TX 78577</i>	Amount of contribution (\$) <i>250.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/11/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Guan Palacios Jr</i> Contributor address; City; State; Zip Code <i>713 Palacios Dr Edinburg, TX 78539</i>	Amount of contribution (\$) <i>112.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/26/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maria Cantu</i> Contributor address; City; State; Zip Code <i>711 E Carol Rd San Juan TX 78589</i>	Amount of contribution (\$) <i>140.⁰⁰</i>
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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Martin Cantu</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/31/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sal Rodriguez</i>	7 Amount of contribution (\$) <i>77.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1302 Med Cap Pharr TX 78577</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/1/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Claudia & Ricardo Arredondo</i>	Amount of contribution (\$) <i>600.⁰⁰</i>
Contributor address; City; State; Zip Code <i>3305 Fresno Ave Hidalgo, TX 78557</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jacob Fuller</i>	Amount of contribution (\$) <i>500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>617 N. McColl Circle McAllen TX 78501</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/28/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dagoberto Chavez Jr.</i>	Amount of contribution (\$) <i>152.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2912 Bluebird McAllen TX 78504</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Martin Cantu</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/19/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Rodriguez Const</i> 6 Contributor address; City; State; Zip Code <i>505 W 10th San Juan TX 78589</i>	7 Amount of contribution (\$) <i>70.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/20/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SDM Adventures, LLC</i> Contributor address; City; State; Zip Code <i>1211 S. Standard Ave San Juan TX 78589</i>	Amount of contribution (\$) <i>70.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/21/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ameristar Ambulance LLC</i> Contributor address; City; State; Zip Code <i>1639 E US Hwy 83 Rio Grande City TX 78582</i>	Amount of contribution (\$) <i>140.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/22/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bolt Security Co</i> Contributor address; City; State; Zip Code <i>107 N. 10th Ave Edinburg TX 78541</i>	Amount of contribution (\$) <i>70.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Martin Cantu</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/25/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tamez & Ortega PLLC</i> 6 Contributor address; City; State; Zip Code <i>1009 E. Exp 83 Pharr, TX 78577</i>	7 Amount of contribution (\$) <i>140.⁰⁰</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/3/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Valle de Palmas Adult Day Care</i> Contributor address; City; State; Zip Code <i>221 S. Case Pharr, TX 78577</i>	Amount of contribution (\$) <i>140.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/3/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rivera Funeral Home</i> Contributor address; City; State; Zip Code <i>1401 Pecan Blvd McAllen, TX 78501</i>	Amount of contribution (\$) <i>200.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/2/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pindue Brandon Fielder Collins & Mott</i> Contributor address; City; State; Zip Code <i>PO Box 2916 McAllen, TX 78502</i>	Amount of contribution (\$) <i>245.⁰⁰</i>
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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Martin Cantu</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/3/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eduardo Cantu</i>	7 Amount of contribution (\$) <i>140.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2101 Angelina Marie Dr. Pharr, TX 78577</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Maxtin Cardu	3 Filer ID (Ethics Commission Filers)
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4 Date 7/14/14	5 Payee name Lone Star National Bank
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6 Amount (\$) 208.15	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) loan repayment	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date 7/28/14	Payee name Lone Star National Bank
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Amount (\$) 208.15	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) loan repayment	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date 7/28/14	Payee name Lone Star National Bank
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Amount (\$) 212.02	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) loan repayment	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Martin Cantu</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/3/14</i>	5 Payee name <i>Lone Star National Bank</i>
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6 Amount (\$) <i>208.15</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Loan repayment</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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>9/15/14</i>	Payee name <i>Lone Star National Bank</i>
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Amount (\$) <i>208.15</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan repayment</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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>9/15/14</i>	Payee name <i>Lone Star National Bank</i>
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Amount (\$) <i>212.02</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan repayment</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Martin Cantu</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/6/14</i>	5 Payee name <i>Lone Star National Bank</i>
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6 Amount (\$) <i>208.15</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>loan repayment</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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>10/6/14</i>	Payee name <i>Lone Star National Bank</i>
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Amount (\$) <i>212.02</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>loan repayment</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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>10/7/14</i>	Payee name <i>Lone Star National Bank</i>
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Amount (\$) <i>212.02</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>loan repayment</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Martin Cantu</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/8/14</i>	5 Payee name <i>Lone Star National Bank</i>
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6 Amount (\$) <i>212.02</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>loan repayment</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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>10/24/14</i>	Payee name <i>Lone Star National Bank</i>
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Amount (\$) <i>208.15</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>loan repayment</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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>11/7/14</i>	Payee name <i>Lone Star National Bank</i>
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Amount (\$) <i>212.02</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>loan repayment</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F1:	2 FILER NAME <i>Martin Cantu</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11/24/14</i>	5 Payee name <i>Lone Star National Bank</i>
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6 Amount (\$) <i>208.15</i>	7 Payee address; City; State; Zip Code
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>loan repayment</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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>12/8/14</i>	Payee name <i>Lone Star National Bank</i>
------------------------	--

Amount (\$) <i>212.02</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>loan repayment</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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>12/24/14</i>	Payee name <i>Lone Star National Bank</i>
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Amount (\$) <i>208.15</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>loan repayment</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Martin Cantu</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/27/14</i>	5 Payee name <i>Erudon Burgers</i>
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6 Amount (\$) <i>312.00</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage expense</i>	(b) Description <input type="checkbox"/> Check If travel outside of Texas, complete Schedule T <input type="checkbox"/> Check If Austin, TX, officeholder living expense
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check If travel outside of Texas, complete Schedule T <input type="checkbox"/> Check If Austin, TX, officeholder living expense
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check If travel outside of Texas, complete Schedule T <input type="checkbox"/> Check If Austin, TX, officeholder living expense
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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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Martin Cantu	3 Filer ID (Ethics Commission Filers)
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4 Date 7/14/14	5 Payee name Martin Cantu Campaign
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6 Amount (\$) 300. ⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) loan repayment	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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4 Date 7/28/14	5 Payee name Martin Cantu Campaign
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6 Amount (\$) 130. ⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) loan repayment	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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4 Date 8/1/14	5 Payee name Martin Cantu Campaign
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6 Amount (\$) 200. ⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) loan repayment	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY 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 MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Martin Cantu</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/3/14</i>	5 Payee name <i>Martin Cantu Campaign</i>	
6 Amount (\$) <i>243.82</i> <input checked="" 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) <i>Loan Repayment</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10/14/14</i>	Payee name <i>Martin Cantu Campaign</i>	
Amount (\$) <i>434.04</i> <input checked="" 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) <i>loan repayment</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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