

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC
COVER SHEET PG 1

The C/OH-UC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR NICKNAME FIRST LAST MI SUFFIX
 MR ARNOLDO CANTU JR

OFFICE USE ONLY

Date Received

RECEIVED JAN 11 2016
E.O. 10:29 AM

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 change of address
 505 W. 9th St. SAN JUAN Tx 78589

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

4 REPORT TYPE

Annual Final Disposition

Date Processed

5 PERIOD COVERED

Month Day Year THROUGH Month Day Year
 July 1 / 2015 THROUGH DEC 31 / 16

Date Imaged

6 TOTALS

1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.

\$ 61,595⁹⁰

2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.

\$

7 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.



Arnoldo Cantu Jr
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ARNOLDO CANTU JR this the 11 day of JAN, 20 16, to certify which, witness my hand and seal of office.

Joanna G. Guerra
 Signature of officer administering oath

Joanna G. Guerra
 Printed name of officer administering oath

Notary
 Title of officer administering oath

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS EXPENDITURES

FORM C/OH-UC
PG 2

8 C/OH NAME

9 Filer ID (Ethics Commission Filers)

10 Date

11 Payee name

13 Amount (\$)

22/DEC/15

TONY MOLINAR

221.45

12 Payee address; City; State; Zip Code

1101 E. PECAN STE. G

SAN JUAN TX 78589

P.O. Box 3554 Edinburg Tx 78540

14 Purpose of expenditure (See instructions regarding type of information required.)

Pol. Adv. Happy Holidays Ad from
Co. Ct. Judges

15

Is expenditure a contribution to a candidate, officeholder, or political committee? Yes No

Check if travel outside of Texas. Complete Schedule T.

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Is expenditure a contribution to a candidate, officeholder, or political committee? Yes No

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Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED