

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr.</i> <i>Eduardo</i> <i>0</i> NICKNAME LAST SUFFIX <i>Cantu</i>	OFFICE USE ONLY Date Received: <i>JAN 20 2016</i> <i>EO. 10:00 AM</i> 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 <i>2101 Angelina Marie Dr.</i> <i>Pharr TX 78577</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 800-1333</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Jorge</i> NICKNAME LAST SUFFIX <i>Arcante</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1224 S. Nebraska Ave</i> <i>San Juan TX 78589</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 821-7737</i>		
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 <i>7 / 16 / 2015</i> THROUGH <i>1 / 15 / 2016</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 04 / 2014</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Hidalgo County Commissioner</i>	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

Eduardo Conto

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

GENERAL

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)

\$ *66,866.65*

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *70,931²⁰*

CONTRIBUTION
BALANCE

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

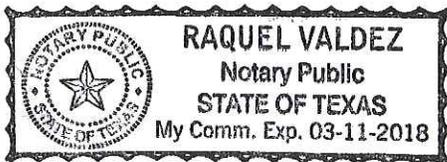
\$ *500*

OUTSTANDING
LOAN TOTALS

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

\$

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.

Eduardo

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Eduardo Conto*, this the _____ day of *1-14*, 20 *14*, to certify which, witness my hand and seal of office.

Raquel Valdez

Signature of officer administering oath

Raquel Valdez

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 66,866 ⁶⁵
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 4,500
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 70,931 ²⁰
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Eduardo Concha - See Exhibit "A"

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

EDUARDO O. CANTU CAMPAIGN FUND

Deposit Detail

July 16 through January 15, 2016

Date	Name	Name Address	Amount
Exhibit "A" MONETARY POLITICAL CONTRIBUTIONS			
July 16, 2015-January 15, 2016 Finance Report			
07/21/2015	LINEBARGER, GOGGAN, et al	1726 W. University Dr., Edinburg TX 78589	5,000.00
	DEREN LI	7619 WELLFORD TRL SUGAR LAND, TX 77479	5,000.00
	RAMIREZ, RENE	612 W NOLANA AVE STE 415 MCALLEN, TX 78501	2,500.00
	REZA BADIOZZAMANI	2820 ROYAL PALM CIRCLE MCALLEN, TX 78501	2,500.00
	YBARRA, GUMECINDO	2611 E MILE 9 1/2 N DONNA, TX 78537	2,000.00
	JULIO C. CERDA	1602 SOLAR DR MISSION, TX 78574-2183	5,000.00
	SALINAS, JESUS	2108 SCOUT LANE MISSION, TX 78572	2,500.00
	JAVIER HINOJOSA	1308 ENCANTO BLVD., MISSION TX 78572	5,000.00
	ERO INTERNATIONAL LLP	300 S 6TH ST MCALLEN, TX 78501	2,500.00
	ALFONSO QUINTANILLA	100 EMORY MCALLEN TX 78504	1,500.00
	TREVINO, ALBERTO	819 N VETERANS BLVD PHARR, TX 78577	1,000.00
	KAMPER INVESTMENTS, LLC	321 S. MAIN, MCALLEN, TX 78501	500.00
	JACINTO GARZA	27304 S. BASS BLVD., HARLINGEN TX 78552	5,000.00
	MARIO REYNA	5101 HACKBERRY, MCALLEN, TX 78504	1,000.00
	DAVID GARZA	PO BOX 1194, SAN BENITO 78586	2,500.00
	ALBERT CARDENAS	700 E. HACKBERRY, MCALLEN TX 78501	2,000.00
	ORLAND CRUZ	5105 N. FIRST MCALLEN TX 78504	2,000.00
	LEONEL GARZA	1419 DOVE, MCALLEN TX 78504	1,000.00
	Raul Palma	765 Dawson, Edinburg, TX 78539	777.77
	Raul Palma	765 Dawson, Edinburg, TX 78539	555.55
	Raul Palma	765 Dawson, Edinburg, TX 78539	333.33
	Sam Garcia	PO BOX 716, MCALLEN TX 78501	1,000.00
	JULIAN YBARRA	2800 SANTA ANA, MISSION, TX 78572	5,000.00
08/07/2015			
	PALACIOS, GARZA & THOMPSON	3724 WEST CANNON ROAD EDINBURG, TX 78539	1,000.00
	GARY LOONEY	3201 Cherry Ridge Drive, Suite D405, San Antonio, Texas 78230	1,000.00
	S & B PAC	PO BOX 205245 HOUSTON, TX 77207	5,000.00
08/11/2015			
	ABDALA KALIFA	209 S. 16TH, MCALLEN TX 78501	200.00
	HDR PAC	8404 INDIAN HILLS DR., OMAHA NE 68114	1,000.00
10/06/2015	HERBERT LEVINE	1001 W. LOOP, HOUSTON TX 77027	2,500.00
			66,866.65

Exhibit "A"

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Eduardo Cantu</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>7-20-15</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eduardo Cantu</i>	9 Loan Amount (\$) <i>500⁰⁰</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>2101 Angelina Marie Dr. Pharr TX 79577</i>	10 Interest rate <i>0</i>
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>9-8-15</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>OC Development, LTH.</i>	Loan Amount (\$) <i>2000</i>
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>2912 S. Jackson McAllen TX 78503</i>	Interest rate <i>0</i>
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Eduardo Cente

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

12-1

7 Name of lender

out-of-state PAC (ID#: _____)

Eduardo Cente

9 Loan Amount (\$)

2000

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

2101 Angelina Marie Pharr TX 78577

10 Interest rate

0

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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 MADE 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 |
| Credit Card Payment | 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>Edwards Cook</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name <i>See Exhibit "B"</i>
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6 Amount (\$)	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)	(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
------	------------

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

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

Exhibit "B"

July 16, 2015-January 15, 2016 Finance Report

Current Balance: \$508.38 Available Balance:\$508.38 \$508.38

Date	Check No.	Description	Amount
12/31/15		Service Charge	(\$15.00)
12/22/15	10387	Check 10387	(\$100.00)
12/14/15	10384	Check 10384	(\$50.00)
12/4/15	10352	Check 10352	(\$500.00)
12/3/15	10385	Check 10385	(\$1,621.45)
11/30/15		Service Charge	(\$15.00)
11/20/15	10342	Check 10342	(\$500.00)
11/17/15	10382	Check 10382	(\$150.00)
11/12/15	10383	Check 10383	(\$185.00)
10/30/15		Service Charge	(\$15.00)
10/30/15		Debit/ATM Cd Handling Fee	(\$1.00)
10/23/15	10380	Check 10380	(\$280.00)
10/22/15	10381	Check 10381	(\$75.00)
10/21/15	10360	Tomas Moncivais Jr. donation	(\$1,000.00)
9/30/15		Service Charge	(\$15.00)
9/30/15		Debit/ATM Cd Handling Fee	(\$1.00)
9/18/15	10379	Hidalgo County Dem Party	(\$100.00)
9/11/15		Loan PAYOFF254581	(\$8,066.90)
8/31/15		Service Charge	(\$15.00)
8/31/15		Debit/ATM Cd Handling Fee	(\$1.00)
8/28/15	10373	Progreso ISD donation	(\$150.00)
8/20/15	10378	Fishing For Hope donation	(\$1,000.00)
8/17/15		LN#254581 payment	(\$209.93)

Exhibit B

Exhibit B

8/14/15	10377 Hidalgo County young dems	(\$500.00)
8/13/15	10376 Valley View donation	(\$200.00)
8/7/15	10375 Rodriguez Printing- shirts	(\$72.00)
8/5/15	10374 Alyssa Elizondo Donation	(\$200.00)
8/5/15	LOAN PMT#254581	(\$55,000.00)
8/4/15	10372 PSJA QB Club donation	(\$200.00)
8/3/15	10371 Edward Mejia - donation	(\$200.00)
7/31/15	Service Charge	(\$15.00)
7/31/15	Debit/ATM Cd Handling Fee	(\$1.00)
7/27/15	10369 Larry D. Kosloske- donation	(\$60.00)
7/27/15	LOAN PMT#254581	(\$216.92)
7/22/15	1140 Team Hidalgo Cycling - Donation	(\$200.00)
		(\$70,931.20)

Exhibit "B"