



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME MARTIN MARTY CANTU 15 Filer ID (Ethics Commission Filers)

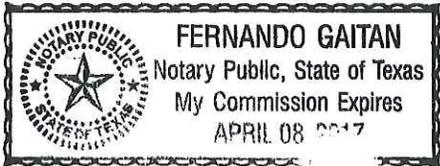
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>32,583<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>49.17</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>32,169<sup>25</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>413.75</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>9,000<sup>00</sup></u>

18 AFFIDAVIT



**FERNANDO GAITAN**  
Notary Public, State of Texas  
My Commission Expires  
APRIL 08 2017

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.

Marty Cantu  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Martin N. Cantu, this the 15<sup>th</sup> day of January, 2016, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Fernando Gaitan  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

MARTIN MARTY CANTU

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 32,583 <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 32,120 <sup>00</sup>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 9,000
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date  
7/2

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

AMERISTAR AMBULANCE

7 Amount of contribution (\$)

\$250<sup>00</sup>

6 Contributor address; City; State; Zip Code

1639 US HWY 83 - RIO GRANDE CITY, TX 78382

8 Principal occupation / Job title (See Instructions)  
AMBULANCE SERV.

9 Employer (See Instructions)

Date  
7/4/15

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

JOSE EDUARDO GUERRA

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address; City; State; Zip Code

P.O. Box 418 - LIND, TX 78563

Principal occupation / Job title (See Instructions)  
SHERIFF

Employer (See Instructions)  
HIDALGO Co.

Date  
7/3/15

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

RIVERA FUNERAL HOME

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address; City; State; Zip Code

1901 PECAN Blvd - McAllen, TX 78501

Principal occupation / Job title (See Instructions)  
FUNERAL HOME

Employer (See Instructions)

Date  
7/3/15

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

V. GONZALEZ ASS.

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address; City; State; Zip Code

121 N. 10th - McAllen, TX 78501

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
LAW FIRM

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

7/3/15

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

JACOB FULLER

7 Amount of contribution (\$)

\$ 250<sup>00</sup>

6 Contributor address; City; State; Zip Code

1617 N. McCall - McAllen, TX 78501

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/8/15

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

FIRST DASH TRANSPORTS

Amount of contribution (\$)

\$ 500<sup>00</sup>

Contributor address; City; State; Zip Code

200 E. Expressway 83 - Suite 10  
Pharm, TX 78577

Principal occupation / Job title (See Instructions)

BUSINESS Owner

Employer (See Instructions)

Trucking

Date

7/2/15

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

MARCO DE LUNA

Amount of contribution (\$)

\$ 500<sup>00</sup>

Contributor address; City; State; Zip Code

5804 N. 23rd. - McAllen, TX 78504

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law Firm

Date

7/10/15

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

DR. ANGIE RAMIREZ

Amount of contribution (\$)

\$ 200<sup>00</sup>

Contributor address; City; State; Zip Code

201 W. 13 1/2 St. - San Juan TX 78589

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 <b>MARTIN MARTY CANTU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/28</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CASH SHEET METAL</b>	7 Amount of contribution (\$) <b>533<sup>00</sup></b>
	6 Contributor address; City; State; Zip Code <b>715 N. Bryan-Alton, TX 78573</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>7/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jacob FULLER</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>117 N. McColl - McAllen, TX 78501</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DA CONSTRUCTION</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>4104 VIOLET AVE - McAllen, TX 78501</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/3</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ADG GENERAL CONTRACTORS</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>107 S. Broadway - Elsa TX 78543</b>	
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: 16

2 FILER NAME  
MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date: 8/7/15  
5 Full name of contributor: MATIAS GARCIA RODRIGUEZ  
 out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)  
\$500<sup>00</sup>

6 Contributor address; City; State; Zip Code  
1300 W. Nolana-Pharr, TX 78577

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: 8/20/15  
Full name of contributor: LANCE WALKER  
 out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)  
\$ 250<sup>00</sup>

Contributor address; City; State; Zip Code  
13143 N. Rooth Rd. - Edinburg, TX 78541

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 8/27/15  
Full name of contributor: MEMORIAL FUNERAL HOME  
 out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)  
\$ 500<sup>00</sup>

Contributor address; City; State; Zip Code  
311 E. Expressway 83 - San Juan, TX 78589

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 8/27/15  
Full name of contributor: MEMORIAL FUNERAL HOME  
 out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)  
\$ 500<sup>00</sup>

Contributor address; City; State; Zip Code  
208 E. CANTON - EDINBURG, TX 78540

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/15

5 Full name of contributor

MARIA LUISA GARCIA

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 1,000<sup>00</sup>

6 Contributor address;

City; State; Zip Code

2804 N. 43rd. St. - McAllen, TX 78501

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/15

Full name of contributor

JAIME A. GONZALEZ, JR.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250<sup>00</sup>

Contributor address;

City; State; Zip Code

817 E. ESPERANZA AVE. - McAllen, TX 78501

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

9/28/15

Full name of contributor

RICARDO PEREZ

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500<sup>00</sup>

Contributor address;

City; State; Zip Code

P.O. Box 4629 - McAllen, TX 78502

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/15

Full name of contributor

LINDA CEBALLOS

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500<sup>00</sup>

Contributor address;

City; State; Zip Code

1023 N. 23rd. St. - McAllen, TX 78501

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

CEBALLOS FUNERAL HOME

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

9/29/15

5 Full name of contributor

AC CUELLAR

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

City; State; Zip Code

231 LION LAKE DRIVE - PROGRESSO LAKES, TX 78596

8 Principal occupation / Job title (See Instructions)

BUSINESS OWNER

9 Employer (See Instructions)

JTL CONCRETE

Date

9/29/15

Full name of contributor

GARCIA - RICK

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

820 S. MAIN - McAllen, TX 78501

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

GARCIA-OCHOA-MASK LAW FIRM

Date

9/28/15

Full name of contributor

ANGEL PALACIOS

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

PO. BOX 58 - ALAMO, TX 78516

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

GETERDONE SERVICES

Date

9/29/15

Full name of contributor

KREIDLER FUNERAL HOME

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

314 N. 10th St - McAllen, TX 78501

Principal occupation / Job title (See Instructions)

FUNERAL HOME

Employer (See Instructions)

GETERDONE SERVICES

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

9/10/15

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

MELISSA RIVERA

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

P.O. Box 186-SAN JUAN, TX 78589

8 Principal occupation / Job title (See Instructions)

DENTIST

9 Employer (See Instructions)

FAMILY DENTAL

Date

9/28/15

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

DM INTERNATIONAL

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

4836 S. JACKSON RD - EDINBURG, TX 78539

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

Date

9/28/15

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

TAMEZ

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

1009 E. EXPRESSWAY 83 - PHARR, TX 78577

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

TAMEZ & ORTEGON LAW FIRM

Date

9/29/15

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

MEMORIAL FUNERAL HOME

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

311 E. EXPRESSWAY 83 - SAN JUAN, TX 78589

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

FUNERAL HOME

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

9/29/15

5 Full name of contributor

DR. JOEL GONZALEZ

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 500.<sup>00</sup>

6 Contributor address;

City; State; Zip Code

2224 S. 77 SUNSHINE STRIP - SUITE 910 HARLINGEN, TX 78550

8 Principal occupation / Job title (See Instructions)

PHYSICIAN

9 Employer (See Instructions)

SELF

Date

9/30/15

Full name of contributor

JOSE RODRIGUEZ CONSTRUCTION

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Contributor address;

City; State; Zip Code

1820 S. 10<sup>th</sup> ST. #181 - McAllen, TX 78503

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

RODRIGUEZ CONSTRUCTION

Date

9/30/15

Full name of contributor

NOE REYES

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 300.<sup>00</sup>

Contributor address;

City; State; Zip Code

2509 BRAZIL-HIDALGO, TX 78557

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/15

Full name of contributor

NOE REYES

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 200.<sup>00</sup>

Contributor address;

City; State; Zip Code

2509 BRAZIL-HIDALGO, TX 78557

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers) \_\_\_\_\_

4 Date

9/30/15

5 Full name of contributor

RENE A. RAMIREZ

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 500<sup>00</sup>

6 Contributor address;

City; State; Zip Code

1012 W. NOLANA - Ste. 415 - McAllen, TX 78504

8. Principal occupation / Job title (See Instructions)

BUSINESS OWNER

9 Employer (See Instructions)

PATHFINDERS

Date

9/30/15

Full name of contributor

CHRIS RYAN HOMES

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 300<sup>00</sup>

Contributor address;

City; State; Zip Code

4810 N. PAUL LONGORIA - STE 1 - SAN JUAN, TX 78589

Principal occupation / Job title (See Instructions)

CONSTRUCTION

Employer (See Instructions)

Date

9/30/15

Full name of contributor

R.A. MARTIN

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500<sup>00</sup>

Contributor address;

City; State; Zip Code

2116 VAN TASSEL CIRCLE - EDINBURG, TX 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/15

Full name of contributor

AMERISTAR AMBULANCE

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500<sup>00</sup>

Contributor address;

City; State; Zip Code

1839 E. US HWY 83 - RIO GRANDE CITY, TX 78582

Principal occupation / Job title (See Instructions)

AMBULANCE SERVICE

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

9/24/15

5 Full name of contributor

ALMAZAZ LAW FIRM

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$500<sup>00</sup>

6 Contributor address;

City; State; Zip Code

1300 N. 10th St. - Ste 440 - McAllen, TX 78501

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

ALMAZAZ LAW FIRM

Date

9/30/15

Full name of contributor

V. GONZALEZ

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address;

City; State; Zip Code

121 N. 10th St. - McAllen, TX 78501

Principal occupation / Job title (See Instructions)

BUSINESS OWNER - ATTORNEY

Employer (See Instructions)

Date

9/30/15

Full name of contributor

JOHN SAENZ

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/03/15

Full name of contributor

JULIAN GOMEZ

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250<sup>00</sup>

Contributor address;

City; State; Zip Code

7824 North 5th Court - McAllen, TX 78504

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

9/24/15

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

BORDER HEALTH PAC

6 Contributor address;

City; State; Zip Code

612 W. Nolana - Ste. 300 - McAllen, TX 78504

7 Amount of contribution (\$)

\$ 1,000.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

PHYSICIANS

9 Employer (See Instructions)

Date

9/30/15

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

RIVERA FUNERAL HOME

Contributor address;

City; State; Zip Code

1901 PECAN BLVD - McAllen, TX 78501

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

FUNERAL HOME

Employer (See Instructions)

Date

10/1/15

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

DR. CARLOS VILLAREAL

Contributor address;

City; State; Zip Code

2601 W. TRENTON RD. - EDINBURG, TX 78539

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

ORAL SURGEON

Employer (See Instructions)

RECONSTRUCTIVE ORAL & MAXILLO SURGERY

Date

10/1/15

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

FIRST DASH TRANSPORTS

Contributor address;

City; State; Zip Code

200 E. EXPRESSWAY 88 - Ste. Q - PHARR, TX 78577

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

TRANSPORTATION BUSINESS OWNER

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/15

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

DANIEL C. ZUNIGA

7 Amount of contribution (\$)

\$ 100.<sup>00</sup>

6 Contributor address; City; State; Zip Code

514 S. VETERANS Blvd. Ste B PHARR, TX 77570

8 Principal occupation / Job title (See Instructions)

INSURANCE - BUSINESS OWNER

9 Employer (See Instructions)

ZUNIGA INSURANCE

Date

10/2/15

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

LIBERTY BAIL BONDS

Amount of contribution (\$)

\$ 200.<sup>00</sup>

Contributor address; City; State; Zip Code

2403 N. BAIL BOND DR. - EDINBURG, TX 78542

Principal occupation / Job title (See Instructions)

BAIL BONDS

Employer (See Instructions)

Date

10/5/15

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

ALAN YODER

Amount of contribution (\$)

\$ 1,000.<sup>00</sup>

Contributor address; City; State; Zip Code

P.O. Box 3097 - McAllen, TX 78502

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

Date

10/6/15

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

PAUL C. GARZA

Amount of contribution (\$)

\$ 350.<sup>00</sup>

Contributor address; City; State; Zip Code

P.O. Box 1430 - SAN JUAN, TX 78589

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

SPIRIT TRUCK LINES

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ALFRED REGALADO

6 Contributor address;

City; State; Zip Code

P.O. Box 5217 - McAllen, TX 78502

7 Amount of contribution (\$)

\$ 500.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

BUSINESS OWNER

9 Employer (See Instructions)

REGALADO BAIL BONDS

Date

10/5/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ATLAS, HALL & RODRIGUEZ

Contributor address;

City; State; Zip Code

P.O. Drawer 3725 - McAllen, TX 78502

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

LAW FIRM

Date

10/31/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

CANDELARIO ONTIVEROS

Contributor address;

City; State; Zip Code

303 Nightingale Ave. - McAllen, TX 78504

Amount of contribution (\$)

\$ 1,000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

BUSINESS OWNER - AMBULANCE SERV.

Employer (See Instructions)

Date

10/31/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

AQUILES JAIME GARZA

Contributor address;

City; State; Zip Code

1800 ANGELINA MARIE AVE - PHARR, TX 78577

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

BEBO DIST.

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

11/11/15

5 Full name of contributor

ANNETTE FRANZ

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 250.<sup>00</sup>

6 Contributor address;

City; State; Zip Code

400 N. McCALL Rd. - Ste B - McAllen, TX 78501

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

FRANZ LAW FIRM

Date

11/2/15

Full name of contributor

ROY QUINTANILHA

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250.<sup>00</sup>

Contributor address;

City; State; Zip Code

3508 PALENQUE - McALLEN, TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/15

Full name of contributor

OSCAR MONTOYA

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.<sup>00</sup>

Contributor address;

City; State; Zip Code

735 S. MISSOURI - MERCEDES, TX 78570

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

HIDALGO Co. SHERIFF DEPT.

Date

11/13/15

Full name of contributor

FEDERICO SANDOVAL

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250.<sup>00</sup>

Contributor address;

City; State; Zip Code

219 S. CYPRESS CIRCLE - PHARR, TX 78571

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

11/13/15

5 Full name of contributor

MANUEL CANTU

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address;

City; State; Zip Code

3202 BLUE Stone St. - EDINBURG, TX 78542

8 Principal occupation / Job title (See Instructions)

REALTOR-DEVELOPER

9 Employer (See Instructions)

Date

11/10/15

Full name of contributor

ARMANDO CAMPOS

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 150.00

Contributor address;

City; State; Zip Code

PO Box 184 - LINN, TX 78503

Principal occupation / Job title (See Instructions)

CONSTABLE - CHIEF, PCT 2

Employer (See Instructions)

HIDALGO Co. - CONSTABLE OFFICE

Date

11/13/15

Full name of contributor

JAIME JERRY MUNOZ

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 300.00

Contributor address;

City; State; Zip Code

P.O. Box 47 - SAN JUAN, TX 78589

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

11/10/15

Full name of contributor

SERGIO IVAN REYES

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

1504 OAK DR - MISSION, TX 78572

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/15

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

SOUTHERN TRENCHLESS SOLUTIONS

6 Contributor address; City; State; Zip Code

P.O. Box 8084 - WESLACO, TX 78596

7 Amount of contribution (\$)

\$ 250<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/13/15

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

JOSE EDUARDO GUERRA

Contributor address; City; State; Zip Code

P.O. Box 418 - LINDU, TX 78503

Amount of contribution (\$)

\$ 250<sup>00</sup>

Principal occupation / Job title (See Instructions)

SHERIFF

Employer (See Instructions)

HIDALGO Co.

Date

11/12/15

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

TAMEZ ? ORTEGON

Contributor address; City; State; Zip Code

1009 E. Expressway 83 - PHARR, TX 78577

Amount of contribution (\$)

\$ 250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

LAW FIRM

Date

11/12/15

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

ENRIQUE MALDONADO

Contributor address; City; State; Zip Code

521 S. Alamo Rd. - EDINBURG, TX 78412

Amount of contribution (\$)

\$ 250<sup>00</sup>

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

RIO GRANDE STEEL

**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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

11/13/15

5 Full name of contributor

GILBERT VASQUEZ

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address;

City; State; Zip Code

814 Del Oro Lane - PHARR, TX 78571

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

VASQUEZ LAW FIRM

Date

11/13/15

Full name of contributor

Alberto TREVINO

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

819 N. VETERANS BLD. - PHARR, TX 78571

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/15

Full name of contributor

BRENDA ZUNIGA

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

306 E. 11th St. - SAN JUAN, TX 78589

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BUSINESS OWNER

PRIMS PLACE

Date

11/13/15

Full name of contributor

OHANLON McCORMICK & DEMERATH PC

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

808 WEST AVE - AUSTIN, TX 78701

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

11/20/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

GUADALUPE CASTILLO JR.

6 Contributor address;

City; State; Zip Code

3005 NYSSA AVE. - McALLEN, TX 78501

7 Amount of contribution (\$)

\$ 250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/15/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

RONALDO CANTU

Contributor address;

City; State; Zip Code

1321 MARBLE ST. PHARR, TX 78577

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

INSURANCE AGENT

Employer (See Instructions)

CANTU INSURANCE

Date

12/12/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

LEO PALACIOS JR

Contributor address;

City; State; Zip Code

117 E. EMIL - PHARR, TX 78577

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

Date

12/17/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Cynthia Arredondo

Contributor address;

City; State; Zip Code

900 CARINA DR. - PHARR, TX 78577

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

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

MARTIN MARTY CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

12/14/15

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

LINEBARGER GOGGAN BLAIR & SAMPSON

6 Contributor address; City; State; Zip Code

P.O. Box 17428 - AUSTIN, TX 78760

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

Attorneys At Law

9 Employer (See Instructions)

Date

12/17/15

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

REZA BADIOZZAMANI

Contributor address; City; State; Zip Code 78501

2820 ROYAL PALM CIRCLE - McAllen, TX

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: <span style="font-size: 2em;">29</span>	<b>2</b> FILER NAME <span style="font-size: 1.5em;">MARTIN MARTY CANTU</span>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <span style="font-size: 1.5em;">7-23-15</span>	<b>5</b> Payee name <span style="font-size: 1.5em;">ROSA PEÑA</span>	
<b>6</b> Amount (\$) <span style="font-size: 1.5em;">\$300<sup>00</sup></span>	<b>7</b> Payee address; City; State; Zip Code <span style="font-size: 1.5em;">1308 ANDREW ST. - SAN JUAN, TX 78589</span>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <span style="font-size: 1.5em;">CONTRACT LABOR</span>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name <span style="font-size: 1.5em;">MARTIN CANTU</span>	Office sought <span style="font-size: 1.5em;">CONSTABLE-PETZ</span>
		Office held <span style="font-size: 1.5em;">CONSTABLE PETZ</span>
Date <span style="font-size: 1.5em;">8-6-15</span>	Payee name <span style="font-size: 1.5em;">MARTHA SELINA MEDRANO</span>	
Amount (\$) <span style="font-size: 1.5em;">\$2,000<sup>00</sup></span>	Payee address; City; State; Zip Code <span style="font-size: 1.5em;">1303 PINE AVE. - PHARR, TX 78577</span>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <span style="font-size: 1.5em;">CONSULTING EXPENSE</span>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name <span style="font-size: 1.5em;">MARTIN MARTY CANTU</span>	Office sought <span style="font-size: 1.5em;">CONSTABLE-PETZ</span>
		Office held <span style="font-size: 1.5em;">CONSTABLE-PETZ</span>
Date <span style="font-size: 1.5em;">8-14-15</span>	Payee name <span style="font-size: 1.5em;">SKY PROMOTIONS</span>	
Amount (\$) <span style="font-size: 1.5em;">454.<sup>65</sup></span>	Payee address; City; State; Zip Code <span style="font-size: 1.5em;">1303 PINE AVE. - PHARR, TX 78577</span>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <span style="font-size: 1.5em;">ADVERTISING</span>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name <span style="font-size: 1.5em;">MARTIN MARTY CANTU</span>	Office sought <span style="font-size: 1.5em;">CONSTABLE-PETZ</span>
		Office held <span style="font-size: 1.5em;">CONSTABLE</span>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME MARTIN MARTY CANTU	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8-14-15	<b>5</b> Payee name EFREN BARRAJAS	
<b>6</b> Amount (\$) \$200 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code PO Box 3429 Norma McAllen, TX 78508	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MARTIN CANTU	Office sought CONSTABLE Pct 2
		Office held CONSTABLE Pct 2
Date 8-13-15	Payee name ONTIVEROS PRINTING	
Amount (\$) 6500	Payee address; City; State; Zip Code 451 W. NOLANA LOOP - PHARR, TX 78577	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MARTIN CANTU	Office sought CONSTABLE Pct. 2
		Office held CONSTABLE
Date 8-18-15	Payee name DANIEL LIRA	
Amount (\$) \$200 <sup>00</sup>	Payee address; City; State; Zip Code 7205 SABINO - PHARR, TX 78577	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>MARTIN CANTU</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8-21-15</b>	5 Payee name <b>PETER SALINAS</b>	
6 Amount (\$) <b>\$500<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>EDINBURG, TX 785</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING</b>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>MARTIN CANTU</b>	Office sought <b>CONSTABLE PETZ</b>
		Office held <b>CONSTABLE</b>
Date <b>8-13-15</b>	Payee name <b>PSJA WILDCATS</b>	
Amount (\$) <b>\$100<sup>00</sup></b>	Payee address; City; State; Zip Code <b>300 E. EL RANCHO BLANCO RD. - PHARR, TX 78577</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVE</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>MARTIN CANTU</b>	Office sought <b>CONSTABLE PETZ</b>
		Office held <b>CONSTABLE</b>
Date <b>8-26-15</b>	Payee name <b>SELINA AAVES</b>	
Amount (\$) <b>281.45</b>	Payee address; City; State; Zip Code <b>1303 PINE AVE. - PHARR, TX 78577</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>MARTIN CANTU</b>	Office sought <b>CONSTABLE PET. 2</b>
		Office held <b>CONSTABLE</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME MARTIN MARTY CANTU	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 8-28-15	<b>5</b> Payee name SKY PROMOTIONS		
<b>6</b> Amount (\$) \$745.33	<b>7</b> Payee address; City; State; Zip Code 1303 PINE AVE. - PHARR, TX 78577		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING		
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MARTIN CANTU	Office sought CONSTABLE PCT2	Office held CONSTABLE
Date 8-27-15	Payee name MOISES HERNANDEZ		
Amount (\$) \$160.00	Payee address; City; State; Zip Code 102 AZUL APT. 4 McALLEN, TX 78501		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		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: MARTIN CANTU Office sought: CONSTABLE PCT2 Office held: CONSTABLE		
Date 8-27-15	Payee name SAMMY GOMEZ		
Amount (\$) \$200.00	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		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: MARTIN CANTU Office sought: CONSTABLE PCT2 Office held: CONSTABLE		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME MARTIN CANTU	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9-2-15	<b>5</b> Payee name MARTIN SARTOS	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 802 E. Expressway 83 - PHARR, TX 78577	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT EXPENSE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 8-21-15	Payee name THE DRATORY SCHOOL	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1407 W. MOORE RD. - PHARR, TX 78577	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) SOLICITATION DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 8-28-15	Payee name CORY'S CAKES	
Amount (\$) \$178.00	Payee address; City; State; Zip Code 1309 S. CESAR CHAVEZ Rd. - SAN JUAN, TX 78589	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME MARTIN MARTY CANTU	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9-8-15	<b>5</b> Payee name CAMPAIGN LOAN PMT - LONESTAR NATIONAL BANK	
<b>6</b> Amount (\$) \$212.02	<b>7</b> Payee address; City; State; Zip Code <del>910 E. Expressway 83</del>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) LOAN PMT.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 9-15-15	Payee name OFFICE DEPOT	
Amount (\$) \$60.59	Payee address; City; State; Zip Code 910 E. Expressway 83 McAllen, TX 78503	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OFFICE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 9-24-15	Payee name CAMPAIGN LOAN PMT.	
Amount (\$) \$208.15	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) LOAN PMT.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>MARTIN CANTU</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date <b>9-8-15</b>	5 Payee name <b>PAEZ PRINTING</b>
-------------------------	--------------------------------------

6 Amount (\$) <b>\$48.74</b>	7 Payee address; City; State; Zip Code <b>2236 Beaumont Ave. - McAllen, TX 78501</b>
---------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING</b>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>9-9-15</b>	Payee name <b>HIDALGO Co. DEMOCRATIC PARTY</b>
-----------------------	---

Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>PO Box 4895 McAllen, TX 78502</b>
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>9-15-15</b>	Payee name <b>ROSA PENNA</b>
------------------------	---------------------------------

Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code <b>1308 ANDREW ST. SAN JUAN, TX 78589</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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 <b>MARTIN GANTU</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date <b>9-9-15</b>	5 Payee name <b>PILAR MORENO - Su CASA DAY CARE</b>
-------------------------	--

6 Amount (\$) <b>\$50<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>1305 E. JUAREZ - PHARR, TX 78577</b>
---	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>DONATION</b>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>9-2-15</b>	Payee name <b>CREATIVE IMAGES &amp; MORE</b>
-----------------------	---

Amount (\$) <b>\$220<sup>00</sup></b>	Payee address; City; State; Zip Code
--	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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
-------------------------------	--	---

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

Date <b>9-30-15</b>	Payee name <b>SOUTH TEXAS PROMOTIONS</b>
------------------------	---

Amount (\$) <b>\$170<sup>00</sup></b>	Payee address; City; State; Zip Code <b>3301 W. ALBERTA RD. - EDINBURG, TX 78504</b>
--	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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            | 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>MARTIN MARTY CANTU</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>8-28-15</b>		5 Payee name <b>PARTY CITY</b>			
6 Amount (\$) <b>\$3880</b>		7 Payee address; City; State; Zip Code <b>732 E. Expressway 83 - McAllen, TX 78505</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>9-30-15</b>		Payee name <b>CLAY'S UNLIMITED</b>			
Amount (\$) <b>\$2700</b>		Payee address; City; State; Zip Code <b>EDINBURG, TX</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>10-2-15</b>		Payee name <b>SKY PROMOTIONS</b>			
Amount (\$) <b>\$2,333<sup>00</sup></b>		Payee address; City; State; Zip Code <b>1303 PINE AVE. - PHARR, TX 77577</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>ADVERTISING</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>MARTIN CANTU</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date <b>9-21-15</b>	5 Payee name <b>SWE PTA</b>
--------------------------	--------------------------------

6 Amount (\$) <b>\$500<sup>00</sup></b>	7 Payee address; City; State; Zip Code
--	--

8 <b>PURPOSE OF EXPENDITURE</b>	(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

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

Date <b>10-4-15</b>	Payee name <b>CARI MURILLO</b>
------------------------	-----------------------------------

Amount (\$) <b>\$500<sup>00</sup></b>	Payee address; City; State; Zip Code <b>206 W. 3rd. St. SAN JUAN, TX 78559</b>
--	---

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
	<b>CONTRACT LABOR</b>	

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

Date <b>10-5-15</b>	Payee name <b>SELINA MEDRANO</b>
------------------------	-------------------------------------

Amount (\$) <b>\$1,400<sup>00</sup></b>	Payee address; City; State; Zip Code <b>1303 PINE AVE. PHARR, TX 78577</b>
--	---

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
	<b>CONSULTING</b>	

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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME MARTIN MARTY CANTU	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10-5-15	<b>5</b> Payee name Ruben TREJO	
<b>6</b> Amount (\$) \$500 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 814 CASTILLO - PHARR, TX 78577	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10-5-15	Payee name ELISA CANTU	
Amount (\$) \$300 <sup>00</sup>	Payee address; City; State; Zip Code 4409 W. Jennifer Circle - SAN JUAN, TX	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10-8-15	Payee name HERMILA GARCIA	
Amount (\$) \$500 <sup>00</sup>	Payee address; City; State; Zip Code P.O. BOX 1059 PHARR, TX 78577	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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 POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>MARTIN, MARTY CAN TU</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <b>9-28-15</b>	5 Payee name <b>ACADEMY SPORTS</b>
--------------------------	---------------------------------------

6 Amount (\$) <b>\$130.95</b>	7 Payee address; City; State; Zip Code <b>535 E. Expressway 83 WESLACO, TX 78596</b>
----------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>9-28-15</b>	Payee name <b>ACADEMY</b>
------------------------	------------------------------

Amount (\$) <b>\$32.77</b>	Payee address; City; State; Zip Code <b>716 E. Expressway 83 - McAllen, TX 78504</b>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>9-30-15</b>	Payee name <b>HEB</b>
------------------------	--------------------------

Amount (\$) <b>88.78</b>	Payee address; City; State; Zip Code <b>901 W. Expressway 83 - San Juan TX 78589</b>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME MARTIN MARTV CANU	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9-30-15	<b>5</b> Payee name ACADEMY SPORTS	
<b>6</b> Amount (\$) \$ 9300	<b>7</b> Payee address; City; State; Zip Code 651 E. TRENTON Rd. - EDINBURG, TX 78539	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10-1-15	Payee name COSTA MESSA RESTAURANT	
Amount (\$) 5320	Payee address; City; State; Zip Code MAIN ST. - McAllen, TX 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT FOOD/BEV	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 10-1-15	Payee name AGUILAR'S MEAT MARKET	
Amount (\$) 15650	Payee address; City; State; Zip Code 1306 E. UNIVERSITY DR. - EDINBURG, TX 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEV	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>MARTIN MARTY CANTU</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <b>10-7-15</b>	5 Payee name <b>CAMPAIGN LOAN PMT</b>
--------------------------	--

6 Amount (\$) <b>\$212.02</b>	7 Payee address; City; State; Zip Code
----------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>LOAN REPAYMENT</b>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>10-13-15</b>	Payee name <b>HOME DEPOT</b>
-------------------------	---------------------------------

Amount (\$) <b>\$166.92</b>	Payee address; City; State; Zip Code <b>409 N. JACKSON RD. - PLAZA, TX 78577</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>10-9-15</b>	Payee name <b>HARBOR FREIGHT</b>
------------------------	-------------------------------------

Amount (\$) <b>\$110.31</b>	Payee address; City; State; Zip Code <b>2614 N. 10th St. McAllen, TX 78501</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>MARTIN MARTY CANTU</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-20-15</b>		5 Payee name <b>LOWE'S</b>			
6 Amount (\$) <b>\$237.38</b>		7 Payee address; City; State; Zip Code <b>N. JACKSON RD. - PHARR, TX 78577</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>OTHER</b>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>10-26-15</b>		Payee name <b>CAMPAIGN LOAN - LONE STAR NATIONAL BANK</b>			
Amount (\$) <b>\$208.15</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>10-9-15</b>		Payee name <b>SERGIO CORTEZ</b>			
Amount (\$) <b>\$500.00</b>		Payee address; City; State; Zip Code <b>11224 MONTE DEI BARRIO - HOUSTON, TX 78539</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>MARTY CANTY</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-19-15</b>		5 Payee name <b>VERONICA GAMEZ</b>			
6 Amount (\$) <b>\$250<sup>00</sup></b>		7 Payee address; City; State; Zip Code <b>700 E. SIOUX Rd. - PHARR, TX 78577</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</b>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>10-10-15</b>		Payee name <b>ISAAC GARCIA</b>			
Amount (\$) <b>\$400<sup>00</sup></b>		Payee address; City; State; Zip Code <b>1025 W. BOWIE Ne. Alamo, TX 78516</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>10-9-15</b>		Payee name <b>MARIA C. LIRA</b>			
Amount (\$) <b>\$400<sup>00</sup></b>		Payee address; City; State; Zip Code <b>7202 SABINO AVE. - PHARR, TX 78577</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>MARTIN MARTY CANTU</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <b>10-13-15</b>	5 Payee name <b>SKY PROMOTIONS</b>
---------------------------	---------------------------------------

6 Amount (\$) <b>\$2,733.00</b>	7 Payee address; City; State; Zip Code <b>1303 PINE AVE - PHARR, TX 78577</b>
------------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>10-19-15</b>	Payee name <b>BENITO GUTIEREZ</b>
-------------------------	--------------------------------------

Amount (\$) <b>\$1,250.00</b>	Payee address; City; State; Zip Code <b>500 N. CANTU - WESLACO, TX 78596</b>
----------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING / PRINTING</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>10-17-15</b>	Payee name <b>TONY SALDANA</b>
-------------------------	-----------------------------------

Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code <b>111 W. 3rd - SAN JUAN, TX 78589</b>
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
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 CANIZO</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10-23-15</i>		5 Payee name <i>PAEZ PRINTING</i>			
6 Amount (\$) <i>\$200<sup>00</sup></i>		7 Payee address; City; State; Zip Code <i>2236 Beaumont Ave. - McAllen, TX 78501</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>PRINTING</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>11-2-15</i>		Payee name <i>SKY PROMOTIONS</i>			
Amount (\$) <i>\$1,092<sup>00</sup></i>		Payee address; City; State; Zip Code <i>1303 PINE AVE. DARR, TX 78577</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>11-9-15</i>		Payee name <i>CLARA CASAS</i>			
Amount (\$) <i>\$500<sup>00</sup></i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>CONTRACT LABOR</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>MARTIN MARTY CANTU</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <b>10-23-15</b>	5 Payee name <b>AMERICAN LEGION POST 101</b>
---------------------------	---

6 Amount (\$) <b>\$4200</b>	7 Payee address; City; State; Zip Code <b>417 S. Cage Blvd. - DALLAS, TX 75277</b>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>DONATION</b>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>10-27-15</b>	Payee name <b>TREVINO TIRE</b>
-------------------------	-----------------------------------

Amount (\$) <b>\$130.00</b>	Payee address; City; State; Zip Code <b>600 US. BUS. 83 - SAN JUAN, TX 78589</b>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>TRANSPORTATION EQUIPMENT</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>11-13-15</b>	Payee name <b>ANTONIO SALDANA</b>
-------------------------	--------------------------------------

Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>111 W. 3rd. SAN JUAN TX 78589</b>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11-15-15	<b>5</b> Payee name SKY PROMOTIONS	
<b>6</b> Amount (\$) 937.00	<b>7</b> Payee address; City; State; Zip Code 1303 PINE AVE - DHAFF, TX 78577	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 11-14-15	Payee name HCDD	
Amount (\$) 1,000	Payee address; City; State; Zip Code PO Box 4845 McAllen, TX 78502	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FEE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 11-13-15	Payee name COSTA MESA	
Amount (\$) \$1,000	Payee address; City; State; Zip Code MAIN ST. - McAllen, TX 78501	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------	---------------------------------------

4 Date 11-23-15	5 Payee name Selina Medrano
--------------------	--------------------------------

6 Amount (\$) \$1,000	7 Payee address; City; State; Zip Code 1303 PINE AVE. - PHARR, TX 78577
--------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11-23-15	Payee name Bertha Bameva
------------------	-----------------------------

Amount (\$) 150 <sup>00</sup>	Payee address; City; State; Zip Code 7006 SABINO ST. PHARR-TX 78577
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

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

Date 11-23-15	Payee name DANIEL LIRA
------------------	---------------------------

Amount (\$) \$200 <sup>00</sup>	Payee address; City; State; Zip Code 7205 SABINO AVE. - PHARR, TX 78577
------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-23-15		5 Payee name ISAAC GARCIA			
6 Amount (\$) \$150.00		7 Payee address; City; State; Zip Code 1025 W. BOWIE - Alamo, TX 78816			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-8-15		Payee name RIGO URESTI			
Amount (\$) \$190.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) DONATIONS		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-23-15		Payee name MARIA E. ALVARADO			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 1204 HELMER - PHARR, TX 78577			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRACT LABOR		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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            | 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 12-22-15		5 Payee name Tony Saldana			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code 111 W. 3rd. SAN JUAN TX 78589			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-09-15		Payee name CAMPAIGN LOAN			
Amount (\$) \$212.12		Payee address; City; State; Zip Code			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-16-15		Payee name CORY'S			
Amount (\$) \$60.00		Payee address; City; State; Zip Code 1309 S. Cesar Chavez Rd. - San Juan, TX 78589			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD   EVENT		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-24-15		5 Payee name CAMPAIGN LOAN - LoneStar National Bank			
6 Amount (\$) \$208 <sup>15</sup>		7 Payee address; City; State; Zip Code			
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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-07-15		Payee name CAMPAIGN LOAN - LoneStar National Bank			
Amount (\$) \$20 <sup>12</sup>		Payee address; City; State; Zip Code			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-24-15		Payee name CAMPAIGN LOAN - LoneStar National Bank			
Amount (\$) \$208 <sup>15</sup>		Payee address; City; State; Zip Code			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME MARTIN MARTY CAUTU	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 9,000	
<b>5</b> Date	<b>6</b> Payee name LONESTAR NATIONAL BANK	
<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code 101 S. Cage Blvd. - DHAAR, TX 78577	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) LOAN	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED