

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 29
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR MARTIN	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX MARTY CANTU		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 21 SAN JUAN, TX 78589		
	AREA CODE PHONE NUMBER EXTENSION (956) 289-3040		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI MR LEOPOLDO		
	NICKNAME LAST SUFFIX POLO PALACIOS		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 117 E. EMIL - PHARR, TX 78577		
	AREA CODE PHONE NUMBER EXTENSION (956) 624-2703		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	REPORT TYPE		
	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
8 CAMPAIGN TREASURER PHONE	PERIOD COVERED		
	Month Day Year THROUGH Month Day Year 1 / 22 / 16 2 / 20 / 16		
9 REPORT TYPE	ELECTION DATE		
	Month Day Year ELECTION TYPE 3 / 1 / 16 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
10 PERIOD COVERED	OFFICE HELD (if any)		
	OFFICE SOUGHT (if known)		
CONSTABLE - Pct 2		CONSTABLE, Pct 2.	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 16,976.⁵⁵

EXPENDITURE
TOTALS

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

\$ 284.47

4. TOTAL POLITICAL EXPENDITURES

\$ 13,298.⁶¹

CONTRIBUTION
BALANCE

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

\$ 3,677.⁹⁴

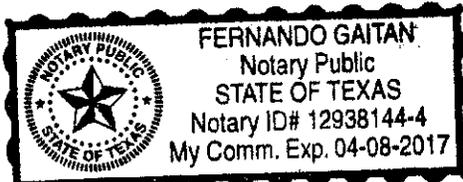
OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Martin N. Gaitan, this the 22 day of Feb, 2016, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME **MARTIN 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	\$ 16,976. ⁵⁵
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10,600. ⁰⁰
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 1,000. ⁰⁰
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,298. ⁰⁰
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input 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: 11
2 FILER NAME MARTIN CANTU		3 Filer ID (Ethics Commission Filers)
4 Date 11/26/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEOPOLDO PALACIOS	7 Amount of contribution (\$) \$826.55
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)
Date 2/1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OHANLON McCOLLOM; DEMERATH	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 808 West Ave. Austin, TX 78701		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 1/26/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN DAVID FRANZ	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 400 N. McColl Rd. Ste. B McAllen, TX 78501		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Business Owner
Date 2/3/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW Office of Bobby Garcia	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 5301 S. McColl Rd. - EDINBURG, TX 78539		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Business Owner

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: 11
2 FILER NAME MARTIN CANTU		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FGA Investments 6 Contributor address; City; State; Zip Code 400 W. Nolana Ave. McAllen TX 78504	7 Amount of contribution (\$) \$ 150⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leo Palacios Contributor address; City; State; Zip Code 117 E. EMIL - PHARR, TX 78577	Amount of contribution (\$) \$ 500⁰⁰
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 2/3/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN SAENZ Contributor address; City; State; Zip Code 805 DALLAS AVE - McAllen, TX	Amount of contribution (\$) \$ 500⁰⁰
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 2/4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ FURNITURE Contributor address; City; State; Zip Code 2424 S. 23rd. St. - McAllen, TX 78503	Amount of contribution (\$) \$ 500⁰⁰
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Furniture Store

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: 11

2 FILER NAME

MARTIN CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

2/5/16

5 Full name of contributor

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

HOLLIS RUTLEDGE

7 Amount of contribution (\$)

\$ 500⁰⁰

6 Contributor address;

City; State; Zip Code

523 N. Conway Mission, TX 78504

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Self

Date

2/8/16

Full name of contributor

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

GARCIA OCHOA MANS LAW FIRM

Amount of contribution (\$)

\$ 500⁰⁰

Contributor address;

City; State; Zip Code

820 S. Main - McAllen, TX 78501

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Date

2/8/16

Full name of contributor

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

CASTLE BRIDGE CONSTRUCTION

Amount of contribution (\$)

\$ 150⁰⁰

Contributor address;

City; State; Zip Code

1820 S. 10th - Ste 181 - McAllen, TX 78503

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Construction

Date

2/3/16

Full name of contributor

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

LINEBARGER, GOGGAN & BLAIR

Amount of contribution (\$)

\$ 500⁰⁰

Contributor address;

City; State; Zip Code

PO Box 17428 - Austin, TX 78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Tax 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:

11

2 FILER NAME

MARTIN CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

2/11/16

5 Full name of contributor

AURORA FUNERAL HOME

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

7 Amount of contribution (\$)

\$ 500⁰⁰

6 Contributor address;

City; State; Zip Code

706 W. SAM HOUSTON - PHARR, TX 78577

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/11/16

Full name of contributor

SCRIPTURE EMS

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

Amount of contribution (\$)

\$ 500⁰⁰

Contributor address;

City; State; Zip Code

426 E. COMA ST. - STE. F

Principal occupation / Job title (See Instructions)

AMBULANCE SERVICE

Employer (See Instructions)

Date

2/11/16

Full name of contributor

VASQUEZ LAW FIRM

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

Amount of contribution (\$)

\$ 150⁰⁰

Contributor address;

City; State; Zip Code

814 DEL ORO LANE - PHARR, TX 78577

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

2/11/16

Full name of contributor

PRO MED

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

Amount of contribution (\$)

\$ 500⁰⁰

Contributor address;

City; State; Zip Code

P.O. BOX 2190, SAN JUAN TX 78516

Principal occupation / Job title (See Instructions)

AMBULANCE

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:

11

2 FILER NAME

MARTIN CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

2/11/16

5 Full name of contributor

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

RIVERA FUNERAL HOME

6 Contributor address; City; State; Zip Code

1901 Pecan Blvd. - McAllen, TX 78501

7 Amount of contribution (\$)

\$ 500⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/11/16

Full name of contributor

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

RED ROCK REAL ESTATE

Contributor address; City; State; Zip Code

2912 S. Jackson Rd. - McAllen, TX 78503

Amount of contribution (\$)

\$ 500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/11/16

Full name of contributor

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

ERO INTERNATIONAL

Contributor address; City; State; Zip Code

300 S. 8th St. - McAllen, TX 78501

Amount of contribution (\$)

\$ 500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/16

Full name of contributor

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

NORMAN CORDOVA

Contributor address; City; State; Zip Code

1206 SUSAN DRIVE - EDINBURG, TX 78539

Amount of contribution (\$)

\$ 500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BUSINESS OWNER

SOUTH TX. BAIL BONDS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME MARTIN CANTU		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMEZ & ORTEGON	7 Amount of contribution (\$) \$500⁰⁰
6 Contributor address; City; State; Zip Code 1009 E. Expressway 83 - Pharr, TX 78577		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE EDUARDO GUERRA	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code P.O. Box 418 - Linn, TX 78563		
Principal occupation / Job title (See Instructions) Sheriff		Employer (See Instructions) HINALGO Co.
Date 2/10/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONEL GARZA	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code 3101 ZENaida AVE. - McAllen, TX 78504		
Principal occupation / Job title (See Instructions) TRUCKING		Employer (See Instructions) SPIRIT
Date 2/10/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALMARAZ LAW FIRM	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code 1300 N. 10th St. - McAllen, TX 78501		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME MARTIN CANTU		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY CANALES	7 Amount of contribution (\$) \$ 150⁰⁰
6 Contributor address; City; State; Zip Code 2727 W. University - EDINBURG TX 78539		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 2/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBBIE LAUGHUN FLORES	Amount of contribution (\$) \$ 150⁰⁰
Contributor address; City; State; Zip Code 404 E. IRIS - McAllen, TX 78501		
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions)
Date 2/12/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE RODRIGUEZ	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 1001 KING RD. - SAN JUAN, TX 78589		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENDA DENISE ZUNIGA	Amount of contribution (\$) \$ 150⁰⁰
Contributor address; City; State; Zip Code 306 E. 11th - San Juan, TX 78589		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) PRIMS

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:

4

2 FILER NAME

MARTIN CANTU

3 Filer ID (Ethics Commission Filers)

4 Date

2/10/16

5 Full name of contributor

RICARDO PEREZ

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

7 Amount of contribution (\$)

\$ 500⁰⁰

6 Contributor address; City; State; Zip Code

P.O. Box 4629 - McAllen, TX 78502

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

PEREZ LAW FIRM

Date

2/11/16

Full name of contributor

CARINA CANTU

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

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address; City; State; Zip Code

2003 S. ANGELINA MARIE - PHARR, TX 78577

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

2/11/16

Full name of contributor

JACOB FULLER

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

Amount of contribution (\$)

\$ 200⁰⁰

Contributor address; City; State; Zip Code

617 N. McCOLL CIRCLE - McAllen, TX 78501

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/16

Full name of contributor

RONALDO CRUZ

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

Amount of contribution (\$)

\$ 250⁰⁰

Contributor address; City; State; Zip Code

1321 MARBLE ST. - PHARR, TX 78577

Principal occupation / Job title (See Instructions)

Insurance

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: 11
2 FILER NAME MARTIN CANTU		3 Filer ID (Ethics Commission Filers)
4 Date 2/18/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAVIER LOPEZ	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 6004 N. SUGAR RD - PHARR, TX 78577		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date 2/18/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORGE CALLEJA BARRETT	Amount of contribution (\$) \$ 150.00
Contributor address; City; State; Zip Code 2805 SANTA LAURA - MISSION, TX 78572		
Principal occupation / Job title (See Instructions) Business Owner	Employer (See Instructions) BARRETT AUTO	

Date 2/16/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEREIDA LOPEZ	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 1808 ECTOR - EDINBURG, TX 78539		
Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Self	

Date 2/18/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEO PALACIOS	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 921 S. Cage Blvd. - Pharr, TX 78577		
Principal occupation / Job title (See Instructions) Business Owner	Employer (See Instructions) Self	

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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: <u>11</u>
2 FILER NAME MARTIN CANTU		3 Filer ID (Ethics Commission Filers)
4 Date 2/18/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEREIDA SAENZ	7 Amount of contribution (\$) \$ 1000.⁰⁰
6 Contributor address; City; State; Zip Code PO Box 2412 ELSA, TX 78543		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/18/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COSTA MESSA	Amount of contribution (\$) \$ 500.⁰⁰
Contributor address; City; State; Zip Code 11621 N. 11th St. - McAllen, TX 78501		
Principal occupation / Job title (See Instructions) Restaurant Owner		Employer (See Instructions) SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME MARTIN CANTU		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AQUILES JAIME GARZA 6 Contributor address; City; State; Zip Code 1800 ANGELINA MARIE - PHARR, TX 78571	7 Amount of contribution (\$) \$ 500.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/15/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TURKS Contributor address; City; State; Zip Code EDINBURG, TX 78539	Amount of contribution (\$) \$1,000⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME MARTIN CANTU		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 10,000	
5 Date 2/11/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDDIE CANTU	8 Amount of Contribution \$	9 In-kind contribution description \$10,000
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <u>1</u>	
2 FILER NAME <u>MARTIN CANTU</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <u>1000⁰⁰</u>	
5 Date <u>2/18/16</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BORDER HEALTH PAC</u>	8 Amount of Pledge \$ <u>\$1000⁰⁰</u>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <u>McAllen, TX 78504</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions) <u>DHR Political Action Committee</u>		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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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 | 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: <i>14</i>	2 FILER NAME <i>MARTIN CANTU</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/19/16</i>	5 Payee name <i>ANDREA RAMOS</i>	
6 Amount (\$) <i>\$150⁰⁰</i>	7 Payee address; City; State; Zip Code <i>806 N. Oblete - San Juan, TX 78589</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>2/19/16</i>	Payee name <i>MARIA ALVARADO</i>	
Amount (\$) <i>\$500⁰⁰</i>	Payee address; City; State; Zip Code <i>1204 HELMER-PHARR, TX 78517</i>	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>2/21/16</i>	Payee name <i>VICENTE GRACIA</i>	
Amount (\$) <i>180⁰⁰</i>	Payee address; City; State; Zip Code <i>3028 Ashley Place - Apt. B - Pharr, TX 78589</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>DONATION</i>	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: _____	

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: 14	2 FILER NAME MARTIN CANTU	3 Filer ID (Ethics Commission Filers)
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4 Date 2/12/16	5 Payee name MARICRU CANTU
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6 Amount (\$) 400⁰⁰	7 Payee address; City; State; Zip Code 810 N. Oblate - San Juan, TX 78589
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/13/16	Payee name PETRA VASQUEZ
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Amount (\$) \$100⁰⁰	Payee address; City; State; Zip Code Alamo, TX 78516
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/15/16	Payee name DAVID ESCOBEDO
------------------------	-------------------------------------

Amount (\$) 200⁰⁰	Payee address; City; State; Zip Code Alamo, TX 78516
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 14	2 FILER NAME MARTIN CANTU	3 Filer ID (Ethics Commission Filers)
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4 Date 2/12/16	5 Payee name ROSA PENA
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6 Amount (\$) \$500⁰⁰	7 Payee address; City; State; Zip Code 1308 Andrew St. SAN JUAN, TX 78577
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/12/16	Payee name ROSA HERNANDEZ
------------------------	-------------------------------------

Amount (\$) \$600⁰⁰	Payee address; City; State; Zip Code 809 VICTORY ST. San Juan, TX 78589
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/12/16	Payee name CLARA CASAS
------------------------	----------------------------------

Amount (\$) \$500⁰⁰	Payee address; City; State; Zip Code 506 E. VILLEGAS - PHARR, TX 78577
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 4		2 FILER NAME MARTIN CANTU		3 Filer ID (Ethics Commission Filers)	
4 Date 11/21/16		5 Payee name SKY PROMOTIONS			
6 Amount (\$) \$750⁰⁰		7 Payee address; City; State; Zip Code 1303 PINE AVE. PHARR, TX 78577			
8 PURPOSE OF EXPENDITURE ADVERTISING		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name MARTIN CANTU		Office sought CONSTABLE	
Date 2/5/16		Payee name ROSA TORRES			
Amount (\$) \$250⁰⁰		Payee address; City; State; Zip Code P.O. BOX 21 - SAN JUAN, TX 78589			
PURPOSE OF EXPENDITURE CONTRACT LABOR		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 MARTIN CANTU		Office sought CONSTABLE	
Date 2/5/16		Payee name AMANDA GARCIA			
Amount (\$) \$300⁰⁰		Payee address; City; State; Zip Code 625 E. Citrus Ave. Alamo, TX			
PURPOSE OF EXPENDITURE CONTRACT LABOR		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 MARTIN CANTU		Office sought CONSTABLE	
				Office held CONSTABLE	

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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: 14	2 FILER NAME MARTIN CANTU	3 Filer ID (Ethics Commission Filers)
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4 Date 2/8/16	5 Payee name TONY SALDANA
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6 Amount (\$) \$150⁰⁰	7 Payee address; City; State; Zip Code 409 Juayavito St. San Juan, TX 78589
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/9/16	Payee name MARISELDA GARCIA
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Amount (\$) \$300	Payee address; City; State; Zip Code 625 E. Citrus Ave. Alamo, TX 78516
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/12/16	Payee name MARIA TREJO
------------------------	----------------------------------

Amount (\$) \$500	Payee address; City; State; Zip Code 814 Castillo Rd. - PHARR, TX 78577
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 14		2 FILER NAME MARTIN CANTU		3 Filer ID (Ethics Commission Filers)	
4 Date 2/12/16		5 Payee name LUISA VERA			
6 Amount (\$) \$250⁰⁰		7 Payee address; City; State; Zip Code 641 E. Citrus - Alamo, TX 78516			
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	
Date 2/12/16		Payee name MARIA PENA			
Amount (\$) \$250⁰⁰		Payee address; City; State; Zip Code 6016 San Marcos, 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	
Date 2/12/16		Payee name SERGIO CORTEZ			
Amount (\$) \$750⁰⁰		Payee address; City; State; Zip Code 11224 Monte Calvario; - Edinburg TX 78539			
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	

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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: 14	2 FILER NAME MARTIN CANTU	3 Filer ID (Ethics Commission Filers)
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4 Date 2/16/16	5 Payee name SKY PROMOTIONS
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6 Amount (\$) \$750⁰⁰	7 Payee address; City; State; Zip Code 1303 Pine Ave. PHARR TX 78577
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/13/16	Payee name CARL MURILLO
------------------------	-----------------------------------

Amount (\$) \$500⁰⁰	Payee address; City; State; Zip Code 2016 W. 3rd. San Juan, TX 78589
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 14		2 FILER NAME MARTIN CANTU		3 Filer ID (Ethics Commission Filers)	
4 Date 2/16/16		5 Payee name SKY PROMOTIONS			
6 Amount (\$) \$1000⁰⁰		7 Payee address; City; State; Zip Code 1303 PINE AVE. PHARR, TX 78577			
8 PURPOSE OF EXPENDITURE PRINTING		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 2/12/16		Payee name DORA ALEMAN			
Amount (\$) \$500⁰⁰		Payee address; City; State; Zip Code PHARR, TX 78577			
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	
Date 2/13/16		Payee name PETRA VASQUEZ			
Amount (\$) \$100⁰⁰		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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: 14	2 FILER NAME MARTIN CANTU	3 Filer ID (Ethics Commission Filers)
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4 Date 2/12/16	5 Payee name Stephanie Garza
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6 Amount (\$) \$250⁰⁰	7 Payee address; City; State; Zip Code 806 N. Oblate. San Juan, TX 78589
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/10/16	Payee name CLAZA CASAS
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Amount (\$) \$500⁰⁰	Payee address; City; State; Zip Code
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/12/16	Payee name HIDALGO ELECTIONS DEPT.
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Amount (\$) \$175⁰⁰	Payee address; City; State; Zip Code W. University Dr. Eoindurg, TX 78539
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 4		2 FILER NAME MARTIN CANTU		3 Filer ID (Ethics Commission Filers)	
4 Date 2/12/16		5 Payee name CRISTINA LIRA			
6 Amount (\$) \$400⁰⁰		7 Payee address; City; State; Zip Code 1205 Gabino Ave. Pharr, TX 78577			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 2/12/16		Payee name ELISA MUÑOZ CANTU			
Amount (\$) \$250⁰⁰		Payee address; City; State; Zip Code 301 Paul Compton - San Juan, TX 78589			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 2/15/16		Payee name JOSH ALVARADO			
Amount (\$) 100⁰⁰		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

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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: 14	2 FILER NAME MARTIN CANTU	3 Filer ID (Ethics Commission Filers)
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4 Date 2/18/17	5 Payee name ESMER LARA
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6 Amount (\$) \$250⁰⁰	7 Payee address; City; State; Zip Code McAllen, TX 785
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/17/16	Payee name JOSE LOPEZ
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Amount (\$) 150⁰⁰	Payee address; City; State; Zip Code
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/16/16	Payee name PETER SALINAS
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Amount (\$) 200⁰⁰	Payee address; City; State; Zip Code 601 E. Vanweak - EDINBURG, TX 78539
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTANT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 14	2 FILER NAME MARTIN CANTU	3 Filer ID (Ethics Commission Filers)
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4 Date 1/25/16	5 Payee name LONESTAR NATIONAL BANK
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6 Amount (\$) \$20815	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/08/16	Payee name LONESTAR NATIONAL BANK
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Amount (\$) \$21202	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/08/16	Payee name SAM'S CLUB
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Amount (\$) \$51849	Payee address; City; State; Zip Code JACKSON Rd - McAllen, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 14	2 FILER NAME MARTIN CANTU	3 Filer ID (Ethics Commission Filers)
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4 Date 2/12/16	5 Payee name Mijitos Cocina
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6 Amount (\$) 7500	7 Payee address; City; State; Zip Code San Juan, TX 78589
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/12/16	Payee name Staples
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Amount (\$) 9790	Payee address; City; State; Zip Code JACKSON Rd. - Pharr, TX 78577
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/12/16	Payee name SAMS CLUB
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Amount (\$) \$247.58	Payee address; City; State; Zip Code JACKSON - PHARR, TX 78577
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | 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) |

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1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 2/17/16	5 Payee name HIDALGO Co. DEMOCRATIC PARTY
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6 Amount (\$) \$ 250 ⁰⁰	7 Payee address; City; State; Zip Code N. McColl Rd. - McAllen, TX 78504
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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