Mr. Joseph Cantu

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MV. JOSEPH NICKNAME LAST	MI) SUFFIX	OFFICE USE ONLY Date Received CAMEHON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER	P.O. BOX 3912	Sland, TX 78597 EXTENSION By:	Z:43pr	
PHONE 6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MYS Alici	ia Suffix	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 224 Old St Port Isab	adium Dr.	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 433-12	EXTENSION		
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 02/01/2016	THROUGH 02/	Day Year / 20/2016	
11 ELECTION	Month Day Year Primary 02/01/2016 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE USED (if any)	13 OFFICE SOUGHT (If KNOWN COMETON	" County iner, Precinct 1	
GO TO PAGE 2				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER-NAME 20 Filer ID (Ethics Cor		
	Joseph Cantu		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$597.20	
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	itions \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	S OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$	
12,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/QH,NAME	1.	15	Filer ID (Ethics Commission Filers)	
Jose	Dh C	antu		
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		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 74800	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 123 50			
, . ,	4. TOTAL POLITICAL EXPENDITURES \$ 725.70			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 235.3			
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				
DAVID HELMS JR. NOTARY PUBLIC STATE OF TEXAS				
My Commission Expites 06/25/2017 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said				
day of February , 20 / 6 , to certify which, witness my hand and seal of office.				
One Alprofe DAVID NECMS SI Public Notary				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex Salaries/W	rpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Cicui Calu Feynioni		The Instruction Guide expla	ins how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER N	ame CC	enti	٤	3 Filer ID (Ethics Commission Filers)
4 Date / 1 / 1 φ	5 Payee na	TEX OF	ice		
6 Amount (\$)	7 Payee ad	dress; City; State;	Zip Code		
\$10000	1100	, N. Express	way	,Browns	sville,
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Co	pies		l []	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
		•			
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Office held
Date	Payee na	me	-		
2/3/16	B	order Pres	SS		
Amount (\$)	Payee ad	dress; City; State;	Zip Code		
\$123.69	(O)C) E. Price	Rd,	Brown	nsuille, TX 7852
	Category	(See Categories listed at the top of this	schedule)	Description	
PURPOSE OF EXPENDITURE	Car	npaign flie	ers.		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	Office held
Date ,	Payee na	me		·	
2/5/10	Bo	order Pre	SS	·	
Amount (\$)	Payee add	dress; City; State; Z	Zip Code		
*203.51	620) F. Price F	4P	rawnsvi	ille, TX 78521
	Category	(See Categories listed at the top of this	schedule)	Description	
PURPOSE OF EXPENDITURE	Ca	impaign sig	ns	——————————————————————————————————————	side of Texas. Complete Schedule T. TX, officeholder living expense
•					
Complete ONLY if direct expenditure to benefit C/OH		te / 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Contract Lebor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	The Instruction Guide explains how to		er (enter a category not listed above)
1 Total pages Schedule F1:	<u>, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '</u>		iler ID (Ethics Commission Filers)
9/10/16 6 Amount (\$)	7 Payee address; City; State; Zip Code	squez	
8	(a) Category (See Categories listed at the top of this schedule)	Drive 1856 (b) Description	20
PURPOSE			Texas. Complete Schedule T.
OF EXPENDITURE	Coraphic Design For Campaign sign		officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	1	exas. Complete Schedule T. ficeholder living expense
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		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Te Check if Austin, TX, offi	i
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	The state of the s