CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction C | Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: | | | |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------|--|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | Ms / MRS / MR FIRST Marquis | м: М | OFFICE USE ONLY | | |
| _ | NICKNAME LAST Cantu | SUFFIX | RECEIVED | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | PO Box 754 Llano, Texas 78643 | CITY, STATE ZIP CODE | JAN 1 6 2024 LLANG CO. ELECTIONS ADMINISTRATOR | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked | | |
| 6 CAMPAIGN TREASURER | MS/MRS/MR FIRST Mr Alan | МІ | Receipt # Amount S Date Processed | | |
| NAME | NICKNAME LAST Leifeste | SUFFIX | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE). APT / 214 The Hills Road Horseshoe Bay, Texas 78657 | / SUITE #: CITY | STATE. ZIP CODE | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER | EXTENSION | | | |
| 9 REPORT TYPE | January 15 30th day before | e election Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | | |
| | July 15 8th day before of | election Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year 7 / 1 / 23 | THROUGH 12 | Day Year / 31 / 23 | | |
| 11 ELECTION | Month Day Year Primar 3 / 5 / 24 Genera | Description | | | |
| 12 OFFICE | OFFICE HELD (if any) Llano County JP1 | 13 OFFICE SOUGHT (if known) Llano County Sher | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITUR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQ | RES MAY HAVE BEEN MADE WITHOUT THE CAND | IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR | | |
| , | COMMITTEE TYPE COMMITTEE NAME | | | | |
| Additional Pages | GENERAL COMMITTEE ADDRESS | | | | |
| | SPECIFIC COMMITTEE CAMPAIGN TR | RÉASURER NAME | | | |
| | COMMITTEE CAMPAIGN T | REASURER ADDRESS | | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

| CAMPAIG | N FINANCE REPORT | | VER 3 | neel PG 2 |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------|------------------------|
| 15 C/OH NAME Marquis Cantu | | 16 Filer | ID (Ethics (| Commission Filers) |
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | \$ | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 5 | 5,702.22 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | | \$ | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 3 | 3,686.74 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | ST DAY | \$ 7 | 7,015.48 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | - THE | \$ 5 | 5,000.00 |
| 18 SIGNATURE I S | wear, or affirm, under penalty of perjury, that the accompanying report is true | e and co | rrect and in | cludes all information |
| rec | quired to be reported by me under Title 15, Election Code. | | | |
| | Mayon | Can | + | |
| | Signature of Cal | ndidate | or Officehol | der |
| | | | | |
| | | | | |
| | | | | |
| | Please complete either option below | <i>l</i> : | | |
| | | | | |
| | | | | |
| (1) Affidavit | | | | |
| (1) Allidavit | | | | |
| | | | | |
| NOTARY STAMP/SEA | - | | | |
| Sworn to and subscribed | before me by this the _ | | _ day of | , |
| 20, to certify | which, witness my hand and seal of office. | | | |
| Signature of officer administer | ring oath Printed name of officer administering oath | | Title of offic | er administering oath |
| | OR | | | |
| (2) Unsworn Declarati | on | | | |
| My name is Marq | uis Cantu, and my date of birth is | 12 | -28-197 | 0 |
| | | | 78657 | USA |
| , 444,555 10 | | state) | (zip code) | (country) |
| Executed in Lland | County, State of day of | nuary | , 20 <mark>24</mark> | _· |
| | Maymi | 71 | (year) | |
| | Signature)of Candid | | eholder (De | clarant) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | 9 FILER NAME 20 Filer ID (Ethics Com | | | ion Filers) | |
|-----|--------------------------------------------------------------------------|------------------|----|--------------------|--|
| | schedule subtotals NAME OF SCHEDULE | | | SUBTOTAL AMOUNT | |
| 1. | 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 1,608.60 | |
| 3. | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | | | |
| 4. | SCHEDULE E: LOANS | | \$ | 5,000.00 | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ | 3,686.74 | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL | CONTRIBUTIONS | \$ | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI | NDS | \$ | 1,321.23 | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH | \$ | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | TIONS RETURNED | \$ | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The | Instruction Guide explains how | 1 Total pages Schedule A1: 3 | | |
|----------------------------------------------------------------------------------|---------------------------------------|------------------------------|---------------------------------|---------------------------------------|
| 2 FILER NAME Marquis C | antu | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAG | | 7 Amount of contribution (\$) |
| 10/13/2023 | Transfer from Marquis (| Jantu IOI JF | Campaign | 0.007.00 |
| 10/10/2020 | 6 Contributor address; | City; | State: Zip Code /, Texas 78657 | 2,397.22 |
| | | | | |
| 8 Principal occu | pation / Job title (See Instructions) | ctions) | | |
| Date | Full name of contributor | out-of-state PAC | C (ID#) | Amount of contribution (\$) |
| 10/20/2022 | Robert Kelsey | | | 400.00 |
| 10/20/2023 | Contributor address; | City; | State; Zip Code | 100.00 |
| | | , Llano, T | exas 78643 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | ctions) | |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 40/04/0000 | Eva Carter | | | =00.00 |
| 10/24/2023 | Contributor address; | City: | State; Zíp Code | 500.00 |
| | | , Llano, T | Texas 78643 | 333.33 |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruc | otions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| | Sarah Cantu | | | |
| 10/30/2023 | Contributor address; | City; | State; Zip Code | 5.00 |
| | , Llano | , Texas 78 | 3643 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | ctions) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ATTACH ADDITI | ONAL CODIES | OF THIS SCHEDULE AS I | WEEDED |
| | If contributor is out-of-state PAC | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: 3 |
|---------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------|---------------------------------------|
| 2 FILER NAME Marquis C | Cantu | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | Michael Walsh | C (ID#) | 7 Amount of contribution (\$) |
| 11/27/2023 | | State; Zip Code Bay, TX 78657 | 150.00 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | iions) |
| Date | Full name of contributor out-of-state PAI | C (ID#) | Amount of contribution (\$) |
| 12/06/2023 | Contributor address; City; | State; Zip Code | 100.00 |
| | , Spicewood | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | | C (ID#:) | Amount of contribution (\$) |
| 12/15/2023 David Willie Contributor address; City: State; Zip Code , Waco, TX 76710 | | | 750.00 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor out-of-state PAG | (10#) | Amount of contribution (\$) |
| 12/18/2023 | Contributor address; City; | State; Zip Code | 500.00 |
| Principal occup | , Kingsland, TX 7863 pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| | | | |
| | | | |
| | | | |
| | ATTACH ADDITIONAL COPIES | OF THIS SCHEDUL E AS N | FEDED |
| | If contributor is out of state BAC please see last | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The | Instruction Guide explains how to comp | 1 Total pages Schedule A1: 3 | |
|---------------------------|----------------------------------------|------------------------------|---------------------------------------|
| 2 FILER NAME Marquis C | cantu | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | Bonnie Wallace | -state PAC (ID#) | 7 Amount of contribution (\$) |
| 12/22/2023 | 6 Contributor address: City | 1,000.00 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor out-of | -state PAC IID#) | Amount of contribution (\$) |
| 12/23/2023 | | | 100.00 |
| | Contributor address; City | , | 100.00 |
| | , Freder | icksburg, TX 78624 | |
| Principal occup | ation / Job title (See Instructions) | tions) | |
| Date | | -state PAC (ID#:) | Amount of contribution (\$) |
| 12/30/2024 | David Biegel | | 100 00 |
| | • | State; Zip Code | 100.00 |
| | , Marble F | alls, TX 78654 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date | Full name of contributor out-of | -state PAC (ID#) | Amount of contribution (\$) |
| | Contributor address; City: | State; Zip Code | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| | | <u> </u> | |
| | | OPIES OF THIS SCHEDULE AS N | ı |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

| Th | e Instruction Guide explains how to complete this form | n. | 1 Total pages Sched | ule A2: 1 | |
|-------------------|-----------------------------------------------------------|--------------------------------|--------------------------------------------------------|----------------------------------------|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Co | mmission Filers) | |
| Marquis (| Marquis Cantu | | | - | |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS | \$ 1,608.0 | 60 | |
| 5 Date | 6 Full name of contributor | 8 Amount of Contribution \$ | 9 In-kind contribution description | | |
| 11/15/2023 | 7 Contributor address; City; State; | 650.00 | payment to design company for signs | | |
| | , Llano, Texas 78 | 643 | Check if travel outsi | de of Texas, Complete Schedule T. | |
| 10 Principal occ | upation / Job title (FOR NON-JUDICIAL)(See Instructions) | 11 Employe | er (FOR NON-JUDICI) | AL)(See Instructions) | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | itor's job title (FOR JU | DICIAL) (See Instructions) | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | of contributor's spou | se (if any) (FOR JUDICIAL) | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| Date | Full name of contributor |) | Amount of | In-kind contribution | |
| 54.0 | Robert Kelsey | | Contribution \$ | description | |
| 11/17/2023 | Contributor address; City; State; | Zip Code | 958.60 | payment to design company for signs | |
| | , Llano, Texas 7864 | 3 | Check if travel outside | l de of Texas, Complete Schedule T, | |
| Principal occi | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | er (FOR NON-JUDICIA | AL)(See Instructions) | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribu | itor's job title (FOR JU | DICIAL) (See Instructions) | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm | w firm of contributor's spouse (if any) (FOR JUDICIAL) | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | ATTACH ADDITIONAL COPIES OF T | HIS SCHEDU | ILE AS NEEDED | | |

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

LOANS SCHEDULE E

| | | | - |
|--------------------------------------------|-------------------------------------|-------------------------------------------------------------------------|-------------------------------------------|
| The | Instruction Guide explains how to c | complete this form. | 1 Total pages Schedule E: |
| ² FILER NAME Marquis Cant | hi i | | 3 Filer ID (Ethics Commission Filers) |
| Marquio ou | .u | | |
| 4 TOTAL OF UN | NITEMIZED LOANS | | \$ 5,000.00 |
| 5 Date of loan | 7 Name of lender out-of- | f-state PAC (ID#:) | 9 Loan Amount (\$) |
| 11/17/2023 | Marquis Cantu | | 5,000.00 |
| 6 Is lender a financial Institution? | 8 Lender address; City; PO Box 754 | State; Zip Code | 10 Interest rate |
| Y N | Llano, Texas 78643 | | 11 Maturity date |
| 12 Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions) | |
| 14 Description of Coll | ateral | Check if personal fur account (See Instruc | nds were deposited into political |
| none | [- N | | 142 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; | State; Zip Code | |
| not applicable | | | |
| 20 Principal Occupat | ion (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan | Name of lender out-of | f-state PAC (ID#) | Loan Amount (\$) |
| Is lender a financial | Lender address; City; | State; Zip Code | Interest rate |
| Institution? | | | Maturity date |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | |
| Description of Colli | ateral | | · · · · · · · · · · · · · · · · · · · |
| none | | Check if personal fur account (See Instruc | nds were deposited into political ctions) |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| | Guarantor address; City; | ; State; Zip Code | |
| not applicable | | | |
| Principal Occupati | ion (See Instructions) | Employer (See Instructions) | |
| | | | |
| lf le | | .COPIES OF THIS SCHEDULE AS NE ee Instruction guide for additional r | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Salanes/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Card Payment Gift/Awards/Memorials Expense Legal Services Card Services Credit Card Payment The Instruction Guide explains how to complete this form. | | Travel Out Of District Other (enter a category not listed above) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Marquis Cantu | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 10/24/2023 | Campaign Partner | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 29.00 | PO Box 118, Still River, Massac | husetts 01467 | |
| 8 | (a) Category (See Categories listed at the top of this school | (b) Description | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Website fee | |
| | (c) Check if travel outside of Texas. Complete Sched | dule T. Check if Austi | n, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 10/24/2023 | Squarespace | | |
| Amount (\$) | Payee address; | City: | State; Zip Code |
| 12.00 | 225 Varick Street, 12th Floor, No. | ew York City, New Y | ork 10014 |
| | Category (See Categories listed at the top of this sched | 1 | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Website fee | |
| | Check if travel outside of Texas. Complete Sched | lule T. Check if Austi | n. TX. officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | *************************************** | |
| 10/27/2023 | Campaign Partner | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 5.22 | PO Box 118, Still River, Massach | nusetts 01467 | |
| | Category (See Categories listed at the top of this sched | dule) Description | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Website fee | |
| | Check if travel outside of Texas, Complete Sched | ule T. Check if Austi | n, TX, officeholder living expense |
| 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 NEE | EDED |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District

Travel In District 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) Marquis Cantu 4 Date 5 Payee name 10/30/2023 Signs.com 6 Amount (\$) 7 Payee address; City; State: Zip Code 1150 South Gladiola Street, Salt Lake City, UT 84104 2,104.76 (b) Description (a) Category (See Categories listed at the top of this schedule) Advertising Expense Business cards, magnets, yard signs **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name **United States Postal Service** 10/31/2023 Amount (\$) Pavee address: Zip Code City; State: 819 Berry Street, Llano, Texas 78643 60.00Description Category (See Categories listed at the top of this schedule) Office overhead/rental expense rental of post office box PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/24/2023 Campaign Partner Amount (\$) Payee address: City; Zip Code State: PO Box 118, Still River, Massachusetts 01467 29.39 Description Category (See Categories listed at the top of this schedule) Advertising Expense Website fee **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| 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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor | | Travel In District Travel Out Of Distri | pment & Related Expense | | |
| | т | The Instruction Guide explain | is now to c | omplete this form. | | | |
| 1 Total pages Schedule F1: | 2 FILER N | | | | 3 Filer ID (Ethic | s Commission Filers) | |
| 4 Date | 5 Payee n | ame | | | | | |
| 12/12/2023 | Signs.c | om | | | | | |
| 6 Amount (\$) | 7 Payee a | ddress; | | City; | State; | Zip Code | |
| 117.33 | 1150 South Gladiola Street, Salt Lake City, UT 84104 | | | | | | |
| 8 | (a) Catego | ry (See Categories listed at the top of this | schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Adverti | sing Expense | | Push cards | | | |
| | (c) | Check if travel outside of Texas, Complete S | chedule T. | Check if Aus | stin, TX, officeholder livin | g expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OI | | date / Officeholder name | | Office sought | | Office held | |
| Date | Payee na | ame | | | | | |
| 12/15/2023 | Designe | er Graphics | | | | | |
| Amount (\$) | Payee a | ddress; | | City; | State; | Zip Code | |
| 1,116.05 | 12404 F | lighway 155 South, Ty | /ler, Tex | (as 75703 | | | |
| | Categor | (See Categories listed at the top of this s | schedule) | Description | | | |
| PURPOSE | Adverti | sing Expense | | large signs | | | |
| OF EXPENDITURE | | | | | | | |
| | | Check if travel outside of Texas. Complete S | chedule T. | Check if Aus | etin, TX, officeholder livin | g expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | | late / Officeholder name | | Office sought | | Office held | |
| Date | Payee n | ame | | | | | |
| 12/26/2023 | Campai | gn Pa r tner | | | | | |
| Amount (\$) | Payee a | ddress; | | City; | State; | Zip Code | |
| 32.00 | PO Box | 118, Still River, Massa | achuset | ts 01467 | | | |
| | Category | (See Categories listed at the top of this s | schedule) | Description | | | |

Office held

PURPOSE OF EXPENDITURE

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Advertising expense

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Website fee

Office sought

Check if Austin, TX, officeholder living expense

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Legal Services 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) Marquis Cantu 4 Date 5 Payee name 12/29/2023 Home Depot 6 Amount (\$) 7 Payee address City; State: Zip Code 48.04 1803 N IH35, Waco, Texas 76705 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Advertising Expense zip ties OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 12/31/2023 Stripe Zip Code State: Amount (\$) Payee address: City: 354 Oyster Point Blvd South, San Francisco, CA 94080 132.95 Category (See Categories listed at the top of this schedule) **PURPOSE** Fees campaign website contribution fees EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| | | | | | ****** | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| | | EXPENDITURE CATE | GORIES | 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/Memonals Expense Legal Services The Instruction Guide explai | Office Of Polling E Printing I Salaries | Expense Wages/Contract Labor | Solicitation/Fundraising Ex Transportation Equipment of Travel In District Travel Out Of District Other (enter a category not | Related Expense |
| 1 Total pages Schedule G: | 2 FILER NA | ∤M E | | ······································ | 3 Filer ID (Ethics Com | mission Filers) |
| 2 | Marqu | is Cantu | | | | |
| 4 Date | 5 Payee na | me | | | | |
| 11/11/2023 | Llano | County Republican Pa | arty | | | |
| 6 Amount (\$) | 7 Payee ad | dress; | | City; | State; | Zip Code |
| 750.00 Reimbursement from political contributions intended | Llano County, Texas | | | | | |
| 8 | (a) Category | (See Categories listed at the top of this s | chedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Fees | | | Ballot applicat | ion fee | |
| | (c) | Check if travel outside of Texas. Complete Sc | hedule T. | Check if Austin | n, TX, officeholder living expens | е |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candid | date / Officeholder name | | Office sought | Offic | ce held |
| Date | Payee na | me | | | | |
| 11/22/2023 | Canva | Pro | | | | |
| Amount (\$) | Payee ad | dress; | | City; | State; | Zip Code |
| 14.99 Reimbursement from political contributions intended | 3212 E | E. Cesar Chavez Stree | et, Build | ding 1, Suite 130 | 00, Austin, Texas | 78702 |
| | Category | (See Categories listed at the top of this s | chedule) | Description | | |
| PURPOSE OF EXPENDITURE | Advertis | ing expense | | advertising | | |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austi | | | n, TX, officeholder living expens | e | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/0 | | late / Officeholder name | | Office sought | Offic | ce held |
| Date | Payee nai | me | | | | |
| 11/24/2023 | Svetla | nan Photography | | | | |
| Amount (\$) | Payee ad | dress; | | City; | St a te; Zi | p Code |
| 541.25 Reimbursement from political contributions intended | 10708 Indian Scout Trail, Austin, Texas 78736 | | | | | |
| DUBDOSE | Category | (See Categories listed at the top of this s | chedule) | Description | | |
| PURPOSE OF EXPENDITURE | Advertis | ing expense | | photographs | | |
| | | Check if travel outside of Texas. Complete Sc | hedule T. | Check if Austin | , TX, officeholder living expens | e |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candid | ate / Officeholder name | | Office sought | Offic | e held |
| | ATTA | CH ADDITIONAL COPIES O | F THIS S | CHEDULE AS NEED | ED | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| | ***** | | | | ····· | | |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|--|
| | | EXPENDITURE CATE | GORIES | FOR BOX 8(a) | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memonals Expense Ommittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | | |
| 1 Total pages Schedule G: | 2 FILER NA | ME | | | 3 Filer ID (Ethics | Commission Filers) | |
| 2 | Marqu | is Cantu | | | (2 | | |
| 4 Date | 5 Payee na | me | | | | | |
| 12/22/2023 | Canva | Pro | | | | | |
| 6 Amount (\$) | 7 Payee ad | dress; | | City; | State; | Zip Code | |
| 14.99 Reimbursement from political contributions intended | 3212 E | 3212 E. Cesar Chavez Street, Building 1, Suite 1300, Austin, Texas 78702 | | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| PURPOSE OF EXPENDITURE | Advertising expense | | | advertising | | | |
| | (c) | Check if travel outside of Texas. Complete Sc | hedule T. | Check if Austir | n, TX, officeholder living ex | kpense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candid | ate / Officeholder name | | Office sought | | Office held | |
| Date | Payee nar | ne | | | | | |
| Amount (\$) | Payee ad | dress: | | City: | State; | Zip Code | |
| Reimbursement from political contributions intended | | | | | | | |
| PURPOSE OF | Category | (See Categories listed at the top of this s | chedule) | Description | | | |
| EXPENDITURE | | | – | | | ······································ | |
| | Check if travel outside of Texas. Complete Schedule T. | | | | n, TX, officeholder living e: | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | | ate / Officeholder name | | Office sought | | Office held | |
| Date | Payee nar | ne | | | | | |
| Amount (\$) | Payee add | dress; | | City; | State; | Zip Code | |
| Reimbursement from political contributions intended | | | | | | | |
| PURPOSE OF EXPENDITURE | Category | (See Categories listed at the top of this so | chedule) | Description | | | |
| | | Check if travel outside of Texas. Complete Sci | nedule T. | Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candid | ate / Officeholder name | | Office sought | | Office held | |
| | ATTA | CH ADDITIONAL CODIES O | E TUIC C | CHEDIII E AS NEED | ED | | |