# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

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The C/OH Instruction C	Guide explains how	to comple	te this form.	1 Filer	ID (Ethics C	ommission Filers)	<b>2</b> To	tal pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR		FIRST <b>rquis</b>			МІ		OFFICE	USE ONLY
NAME	NICKNAME		LAST I <b>ntu</b>			SUFFIX	Date <b>P</b>	TECE	IVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	Po Box 754 Llano, Texas		PT / SUITE #;	CITY;	STATE;	ZIP CODE		FEB 0 LLANG ELECT ADMINIS	D CO. TIONS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE	NUMBER		EXTENSIO	ON			or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR		<sub>FIRST</sub>			Mt	Receipt		Amount \$
NAME							Date Pr	ocessed	
	NICKNAME		eifeste			SUFFIX	Date In	naged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	214 The Hills Horseshoe E	Road		;UITE #;	CITY;			STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE	NUMBER		EXTENSIO	ON .			
9 REPORT TYPE	January 15		30th day before e	ection	Run	off		15th day afte treasurer app (Officeholder	pointment
	July 15		8th day before ele	ection	1	eded Modified orting Limit		Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year			Month	Day		
0012,123	1 /	/ <b>1</b>	/ 24	THRO	DUGH	1 /	/ 25	/ 24	
11 ELECTION	ELECTION DA	TE				ELECTION TYPE			
	Month Day	Year	■ Primary	Ru	noſf	Other Description			
	3 / 5 /	<b>/ 24</b>	General	Sp	ecial				
12 OFFICE	OFFICE HELD (if any)			13	OFFICE S	OUGHT (if known)	)		
	Llano Cour	ity JP1		LI	ano C	County St	neriff		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	EHOLDER. TI	HESE EXPENDITURE	S MAY HAVE BE	EEN MADE W	VITHOUT THE CAND	IDATE'S O	R OFFICEHOLD	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE	E NAME						
Additional Pages	GENERAL	COMMITTE	E ADDRESS						
	SPECIFIC	COMMITTE	E CAMPAIGN TRE	ASURER NAM	ME				
		COMMITTE	EE CAMPAIGN TR	EASURER AD	DRESS				AAAAAAA
GO TO PAGE 2									

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

CAMPAIG	1 FINANCE REPORT		
15 C/OH NAME Marquis M. Cantu		<b>16</b> Fi	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CON     PLEDGES, LOANS, OR GUARANTEES     CONTRIBUTIONS MADE ELECTRONIC	S OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR		\$ 4,450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	:NDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURE	S	\$ 1,634.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS NO OF REPORTING PERIOD	IAINTAINED AS OF THE LAST DAY	\$ 9,830.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL O LAST DAY OF THE REPORTING PERI		\$ 5,000.00
	swear, or affirm, under penalty of perjury, that the	, , , , , , , , , , , , , , , , , , , ,	correct and includes all information
	Please complete e	Margum Condidate Signature of Candidate seither option below:	e or Officeholder
	NOTARY PUBLIC STATE OF TEXAS My Commission Expires 04-06-2026 Notary ID #13151979-3  before me by Waynes Cantum which, witness my hand and seal of office.	this the <u>5</u>	day of <u>FC bruany</u> , No TARY PABIL
Signature of officer administer	PAIGE M DEX	00.,	Title of office administering oath
Signature of officer administra	Printed name of officer adm	mistering oath	Title of officer administering out
(2) Unsworn Declarati			
My name is		, and my date of birth is	
My address is			·
	(street)	. , ,	(zip code) (country)
Executed in	County, State of , on t	he day of (month)	, 20 (year)
		Signature of Candidate/Of	ficeholder (Declarant)

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19 FIL	FILER NAME 20 Filer ID (Ethics Co.			ion Filers)
Marc	quis M. Cantu			
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			4,450.00
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 CO	ONTRIBUTIONS	\$	1,634.88
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 FU	INDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBL TO FILER	TIONS RETURNED	\$	

### SCHEDULE A1

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

if the requested information is not applicable, bo NOT include this page in the report.				
The	Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1: 5	
2 FILER NAME Marquis N	I. Cantu		3 Filer ID (Ethics Commission Filers)	
4 Date	Full name of contributor out-of-state PAC (ID#:)  Kay Stuart		7 Amount of contribution (\$)	
01/02/2024	6 Contributor address; City;	100.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	 tions)	
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)	
01/04/2024			100 00	
	Contributor address: City; State; Zip Code  Marble Falls, Texas 78654		100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)	
01/04/2024		State; Zip Code	250.00	
	, Cottonwood S	hores, Texas 78657		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date		ate PAC (ID#:)	Amount of contribution (\$)	
01/05/2024	Eva Carter  Contributor address; City;	State; Zip Code	500.00	
	, Llano	, Texas 78643	300.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			tions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Revised 8/17/2020

#### SCHEDULE A1

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

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5	
2 FILER NAME Marquis N	1. Cantu	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
01/08/2024	6 Contributor address: City; State; Zip Code , Horseshoe Bay, Texas 78657	500.00	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Inst	ructions)	
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)	
01/08/2024	Contributor address; City; State; Zip Code	1,000.00	
Principal occup	Horseshoe Bay, Texas 78657  Pation / Job title (See Instructions)  Employer (See Instructions)	ructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
01/11/2024	Contributor address; City; State; Zip Code , Horseshoe Bay, Texas 78657	200.00	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ructions)	
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)	
01/18/2024	Mike Oliver  Contributor address; City; State; Zip Code	100.00	
, Horseshoe Bay, Texas 78657			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			

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

	• •			
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME Marquis M	1. Cantu			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Sharon Maki		(ID#:)	7 Amount of contribution (\$)
01/18/2024	6 Contributor address;	City;	State; Zip Code	50.00
	', K	ingsland, Te	xas 78639	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/40/0004	Patrice Hanlon			050.00
01/18/2024	Contributor address;	City;	State; Zip Code	250.00
	, Hor	seshoe Bay, Te	exas 78657	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ions)		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/40/0004	Annette Sandoval		<b>50.00</b>	
01/18/2024	Contributor address;	City;	State; Zip Code	50.00
		Kingsland	i, Texas 78639	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/40/2024	Pleasant Mitchell			<b>50.00</b>
01/19/2024	Contributor address;	City;	State; Zip Code	50.00
	,	Llano, Tex	as 78643	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)	

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### SCHEDULE A1

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The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 5	
2 FILER NAME Marquis M	I. Cantu		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7 Amount of contribution (\$)	
01/22/2024		State; Zip Code	100.00	
	, Kingsland, Te	exas 78639		
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of contribution (\$)	
01/22/2024	Richard Nelms		000 00	
0112212024	Contributor address; City;	State; Zip Code	200.00	
	, Kingsland, Te	exas 78639		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ons)	
Date	Full name of contributor out-of-state PAC (ID	)#:)	Amount of contribution (\$)	
01/22/2024	Vicki Gatza		050.00	
01/22/2024	Contributor address; City;	State; Zip Code	250.00	
	Horseshoe Bay, T	exas 78657		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (ID	)#:)	Amount of contribution (\$)	
04/04/0004	Matt Cawthon		050.00	
01/24/2024	Contributor address; City;	State; Zip Code	250.00	
	, China Spring, T	exas 76633		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				

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### SCHEDULE A1

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

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5	
2 FILER NAME Marquis M	I. Cantu		3 Filer ID (Ethics Commission Filers)	
4 Date	Barry Oakes	(ID#:)	7 Amount of contribution (\$)	
01/24/2024	6 Contributor address: City;	State; Zip Code	100.00	
	, Horseshoe Bay	, Texas 78657		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date		(ID#:)	Amount of contribution (\$)	
01/24/2024	Linebarger Goggan Blair & San	npson	00000	
0112412024	Contributor address; City;	State; Zip Code	200.00	
	, Austin, Texas 7	8760		
Principal occupation / Job title (See Instructions)  Employer (See Instruct			ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
01/25/2024	Sara Green		400 00	
01/25/2024	Contributor address; City;	State; Zip Code	100.00	
	Tow, Texas 786	72		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
01/25/2024	Daniel Hargrove		400.00	
01/25/2024	Contributor address; City;	State; Zip Code	100.00	
Horseshoe Bay, Texas 78657				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to o	vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Marquis M. Cantu		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/24/2024	Campaign Partners		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
32.00	Po Box 118, Still River, Massachuset	ts 01467	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	website	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n. TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/24/2024	Signs.com		
Amount (\$)	Payee address;	City;	State; Zip Code
377.13	1150 South Gladiola Street, Salt Lake	e City, UT 8410	4
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	backdrop	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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		
01/25/2024	Stripe		
Amount (\$)	Payee address:	City;	State; Zip Code
49.70	354 Oyster Point Blvd South, San Fra	incisco, CA 940	80
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fees	campaign webs	site contribution fee
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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	:DED

## 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Marquis M. Cantu		3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2024	5 Payee name Llano News		
6 Amount (\$)		City	State: Zie Code
478.00	Po Box 187, Llano, Texas 78643	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	Ads	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/16/2024	Signs.com		
Amount (\$)	Payee address;	City;	State; Zip Code
683.06	1150 South Gladiola Street, Salt Lake	e City, UT 8410	4
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Expense	yard signs	
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	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		
01/23/2024	Canva Pro		
Amount (\$)	Payee address;	City;	State; Zip Code
14.99	3212 E. Cesar Chavez Street, Bldg 1,	, Suite 1300, Au	ıstin, Texas 78702
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	advertising	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED