CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	to complet	te this form.	1 File	r ID (Eth	hics Commiss	ion Filers)	2 To	tal pages file	ed: 21
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR		rquis			МІ				USE ONLY
NAME	NICKNAME	_	ntu			SUF	FIX	Date R	RECE	IVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE PO Box 754 Llano, Texas 78643			CODE		FEB 2	CO. T			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION				or Date Postmarked					
6 CAMPAIGN TREASURER	MS / MRS / MR	Ala	irst an			МІ		Receipt	rocessed	Amount \$
NAME	NICKNAME		AST			SUF	FIY	Duto 1	0000300	
	Norwanie		ifeste				112	Date In	naged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	214 The Hills Horseshoe B	Road	•	JITE #;	C	CITY;			STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE I	NUMBER :		EXTE	ENSION				
9 REPORT TYPE	January 15		30th day before elected at the state of the			Runoff Exceeded N	Modified		treasurer ap (Officeholder	
	1	j –			1	Reporting L	mit	<u> </u>		.,,
10 PERIOD	Month	Day	Year				Month	Day	Year	
COVERED	1 /	/ 26 /	/ 24	тн	ROUGH		2 /	/ 24	/ 24	
11 ELECTION	ELECTION DAT	ΤE				ELECT	ION TYPE			
	Month Day	Year	Primary . General		Runolf Special		her escription			
		2-1								
12 OFFICE	OFFICE HELD (if any) Llano County	JP1				Count				
14 NOTICE FROM POLITICAL	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. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.									
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE	E NAME				1.11111111		19411-1844-1-444-1-444-1-444-1-444-1-444-1-444-1-444-1-444-1-444-1-444-1-444-1-444-1-444-1-444-1-444-1-444-1-	
Additional Pages	GENERAL	COMMITTE	E ADDRESS							
	SPECIFIC	COMMITTE	E CAMPAIGN TREA	SURER N	AME				14.5.0	
		COMMITTE	E CAMPAIGN TRE	ASURER	ADDRES	S				
GO TO PAGE 2										

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	4 1.114	ANGE REPORT			
15 C/OH NAME Marquis Cantu			16 Filer	ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS	1.	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)		\$	12,680.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4.	TOTAL POLITICAL EXPENDITURES		\$	5,516.34
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	16,994.26
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	5,000.00
		affirm, under penalty of perjury, that the accompanying report is true e reported by me under Title 15, Election Code.	and cor	rect a	and includes all information
			()		

Please complete either option below:

(1) Affidavit



SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	9 FILER NAME 20 Filer ID (Ethics Co			
Marq	uis Cantu			
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	4. SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	B. 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 OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

SCHEDULE A1

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: 11
2 FILER NAME Marquis C	antu		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC David Wheelock	(ID#:)	7 Amount of contribution (\$)
01/31/2024	6 Contributor address; City;	State; Zip Code	100.00
	Austin, Te	xas 78701	
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 (\$)
00/04/2024	W. M. Ingram		400.00
02/01/2024		State; Zip Code	100.00
	Eustace, Texas 751	24	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
02/01/2024	William Knox		000 00
02/01/2024	Contributor address; City;	State; Zip Code	300.00
	Horseshoe Bay, ⁻	Texas 78657	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
02/01/2024	Greg McDonnell		000 00
02/01/2024	Contributor address; City;	State; Zip Code	200.00
	Aust	in, TX 78746	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

SCHEDULE A1

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: 11
2 FILER NAME Marquis C	antu			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Theodorus Van Eeten	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
02/01/2024	6 Contributor address:	city; xas 78672	State; Zip Code	250.00
	1017, 10	AGO 10012	•	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
00/00/0004	Kathy Hussey			500.00
02/02/2024	Contributor address;	City;	State; Zip Code	500.00
	н	orseshoe Bay	, TX 78657	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
00/05/0004	Marion Nichols			400.00
02/05/2024	Contributor address;	City;	State; Zip Code	100.00
	Ho	rseshoe E	Bay, TX 78657	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Lance Morris			
02/06/2024	Contributor address;	City;	State; Zip Code	500.00
		Austin,	Texas 78703	
Principal occupation / Job title (See Instructions)			Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

-				_
The	Instruction Guide explains how t	to complete this	s form.	1 Total pages Schedule A1: 11
2 FILER NAME Marquis C	antu			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Jerry Moore		C (ID#:)	7 Amount of contribution (\$)
02/07/2024	6 Contributor address;	city; o, Texas 7	State; Zip Code	250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor David Faust	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
02/08/2024	Contributor address;	City;	State; Zip Code	500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)				tions)
Date	Full name of contributor Sandra Hamlin	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
02/08/2024	Contributor address;	•	State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor David Gardner	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
02/08/2024	Contributor address;	City;	State; Zip Code	300.00
Principal occup	ation / Job title (See Instructions)	snoe Bay,	Texas 78657 Employer (See Instruct	tions)

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SCHEDULE A1

ir the reques	sted information is not applicable, DO NOT Incl	lude this page in the	report.	
The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 11	
2 FILER NAME Marquis C	antu		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (I	(ID#:)	7 Amount of contribution (\$)	
02/09/2024	6 Contributor address; City; Horseshoe Bay,	State; Zip Code Texas 78657	1,000.00	
8 Principal occu		9 Employer (See Instruct	ions)	
Date		(ID#:)	Amount of contribution (\$)	
02/13/2024		State: 7's Code	100.00	
	Contributor address; City; Horseshoe Bay,	State; Zip Code TX 78657	100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date		ID#:)	Amount of contribution (\$)	
02/13/2024	Stephen Tullino	100.00		
	Contributor address; City; Horseshoe Bay	y, TX 78657	100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date		ID#:)	Amount of contribution (\$)	
02/13/2024	H.R. Willis	75 Oods	100 00	
	Contributor address; City;	State; Zip Code Bay, TX 78657	100.00	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ione	
Philopal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	

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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 t	to complete this	form.	1 Total pages Schedule A1: 11
2 FILER NAME Marquis C	antu			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Dick Nicholson	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
02/13/2024	6 Contributor address;	City;	State; Zip Code	200.00
		Horseshoe	Bay, TX 78657	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
02/13/2024	Gary Baty			200.00
02/10/2021	Contributor address;	City;	State; Zip Code	200.00
		Horseshoe	Bay, TX 78657	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
02/13/2024	Frank Sanders			100 00
02/10/2021	Contributor address;	-	State; Zip Code	100.00
	H	orseshoe l	Bay, TX 78657	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
02/13/2024	Sharon Baty			00.00
02/10/2024	Contributor address;	City;	State; Zip Code	30.00
	Ho	rseshoe B	ay, TX 78657	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)

SCHEDULE A1

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The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 11
2 FILER NAME Marquis C	antu		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Chelsey Hughes	PAC (ID#:)	7 Amount of contribution (\$)
02/14/2024	6 Contributor address; City; Lampasas	250.00	
8 Principal occu	pation / Job title (See Instructions)	tions)	
Date		PAC (ID#:)	Amount of contribution (\$)
02/14/2024	Jim Crouch Contributor address; City;	State; Zip Code	100.00
		e Bay, TX 78657	100.00
Principal occup	ation / Job title (See Instructions)	ions)	
Date		PAC (ID#:)	Amount of contribution (\$)
02/15/2024	Lisa Allen Contributor address; City;	State; Zip Code	50.00
	-	Bay, TX 78657	30.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
02/15/2024	Kelly Hardin	States 7 To Code	50.00
	Contributor address; City;	oe Bay, TX 78657	50.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

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The	Instruction Guide explains how to comple	te this form.	1 Total pages Schedule A1: 11		
2 FILER NAME Marquis C	antu		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-st John Lundberg III	tate PAC (ID#:)	7 Amount of contribution (\$)		
02/16/2024	6 Contributor address; City;	State; Zip Code De Bay, TX 78657	200.00		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor out-of-st	tate PAC (ID#:)	Amount of contribution (\$)		
02/20/2024	Cynthia Blankenship		1 000 00		
	Contributor address; City; Colleyville,	State; Zip Code Texas 76034	1,000.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date		tate PAC (ID#:)	Amount of contribution (\$)		
02/21/2024	Edward Meyer	50.00			
	Contributor address; City;	State; Zip Code Texas 78643	50.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date		tate PAC (ID#:)	Amount of contribution (\$)		
02/21/2024	Tom Keaton Contributor address; City;	State; Zip Code	100.00		
		noe Bay, TX 78657	100.00		
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				

SCHEDULE A1

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if the requested information is not applicable, bo NoT include this page in the report.					
The	Instruction Guide explains how to co	mplete this	s form.	1 Total pages Schedule A1: 11	
2 FILER NAME Marquis C	antu			3 Filer ID (Ethics Commission Filers)	
4 Date	Will Gilliam		C (ID#:)	7 Amount of contribution (\$)	
02/21/2024	l .	City;	State; Zip Code and, TX 78639	100.00	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date		ut-of-state PAC	C (ID#:)	Amount of contribution (\$)	
02/21/2024	Paula Beard Contributor address: C	City;	State; Zip Code	100.00	
	Kingsland, Te			100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date		ut-of-state PAC	C (ID#:)	Amount of contribution (\$)	
02/21/2024	Tom Odom Contributor address; C	City;	State; Zip Code	150.00	
			Bay, TX 78657	100.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ions)	
Date		ut-of-state PAC	C (ID#:)	Amount of contribution (\$)	
02/21/2024	David Cleary Contributor address; C	City;	State; Zip Code	2 500 00	
	Contributor address,		ra, FL 33180	2,500.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ions)	
, , , , , , , , , , , , , , , , , , ,					

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SCHEDULE A1

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if the requested information is not applicable, bo Not include this page in the report.				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 11		
2 FILER NAME Marquis C	antu	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#: Patsy Cowan			
02/21/2024	6 Contributor address; City; State; Zip C	100.00		
8 Principal occu		See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
02/21/2024	Susan Pierce	200.00		
	Contributor address; City; State; Zip C	300.00		
Principal occup	eation / Job title (See Instructions) Employer (S	See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
02/21/2024	Jeffrey Ford	250.00		
	Contributor address; City; State; Zip C Horseshoe Bay, Texas 786			
Principal occup	eation / Job title (See Instructions) Employer (S	See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
02/21/2024	Jeffrey St Clair	100 00		
	Contributor address; City; State; Zip C Horseshoe Bay, TX 78			
Principal occup		See Instructions)		

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SCHEDULE A1

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

•					
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 11		
2 FILER NAME Marquis C	antu		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PA Janice Williston	C (ID#:)	7 Amount of contribution (\$)		
02/21/2024	6 Contributor address; City; Horseshoe Bay	State; Zip Code	100.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date		C (ID#:)	Amount of contribution (\$)		
02/21/2024	Michael Ryden Contributor address; City;	State; Zip Code	100.00		
	Kingsland, Tex	kas 78657			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		C (ID#:)	Amount of contribution (\$)		
02/21/2024	Robert Mojas Contributor address; City;	State; Zip Code	500.00		
	Fairfield, CA 94534				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
02/21/2024	Brian Lucas Contributor address; City;	State; Zip Code	250.00		
Horseshoe Bay, TX 78657					
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		

SCHEDULE A1

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

The	Instruction Guide explains how to complete	te this form.	1 Total pages Schedule A1: 11		
2 FILER NAME Marquis C	antu		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-st Charlotte Fox	ate PAC (ID#:)	7 Amount of contribution (\$)		
02/21/2024	6 Contributor address; City;	•	50.00		
	Horseshoe B	ay, TX 78657			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date		ate PAC (ID#:)	Amount of contribution (\$)		
02/21/2024	Richard Town		F00 00		
02/2 1/2024	Contributor address; City;	State; Zip Code	500.00		
	Horse	eshoe Bay, TX 78657			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-st	ate PAC (ID#:)	Amount of contribution (\$)		
02/21/2024	Allan Richards		400 00		
UZIZ I/ZUZ-	Contributor address; City;	State; Zip Code	100.00		
	Waco, Texas	76714			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date		ate PAC (ID#:)	Amount of contribution (\$)		
02/22/2024	Scott HeitKamp		050.00		
UZIZZIZUZA	Contributor address; City;	State; Zip Code	250.00		
Corpus Christi, TX 78413					
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2		
2 FILER NAME	E		3 Filer ID (Ethics Co	ommission Filers)	
Marquis (Cantu		Filet ID (Ellinos O	Authorities)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 6,750.57		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution	
	Chandler Schussler		Contribution \$	description	
02/15/2024			650.57	food	
OE/ TOIL OL	7 Contributor address; City: State;	Zip Code		!	
	Marble Falls, TX 7865	54	Check if travel outsi	lide of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	butor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	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)	Amount of	In-kind contribution	
Date	Kyle Lehne		Contribution \$	description	
02/15/2024			3,000.00	event venue	
02/10/2024		Zip Code	0,000.00	1	
	Llano, TX 786	343	Check if travel outside	I de of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOI		r (FOR NON-JUDICI	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)					
4.4					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2: 2		
2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)		
Marquis (Cantu		(200000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 6,750.	57		
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution 5 description			
	Horseshoe Bay Resort		3,100.00 description event venue			
02/16/2024	7 Contributor address; City; State;	Zip Code	3,100.00	l event vende		
	Horseshoe Bay, TX 78	3657	Check if travel outside of Texas. Complete Schedule 1			
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL) 13			13 Contributor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	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		Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code		 		
	Contributor address. City, State,	Zip Code				
			Check if travel outsi	de of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employe	er (FOR NON-JUDICI	AL)(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)					

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 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

Credit Card Payment	The Instruction Guide explains how to e	complete this form.	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 01/31/2024	5 Payee name Llano News		
6 Amount (\$) 722.00	7 Payee address; Po Box 187, Llano, Texas 78643	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ads	
	(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 01/31/2024	Payee name Horseshoe Bay Beacon		
Amount (\$) 320.50	Payee address: 6400 FM 2147 #100, Horseshoe Bay	City; 7, Texas 78657	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ad	
	Check if travel outside of Texas. Complete Schedule 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 02/04/2024	Payee name Facebook		
Amount (\$) 4.50	Payee address: 701 Laurel Street, Menlo Park, CA 94	City: 1025	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ad	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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 Fees Food/Beverage Expense Gif/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Ou Salaries/Wages/Contract Labor Other (en

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

Constant Contact

7 Payee address;

State:

3 Filer ID (Ethics Commission Filers)

12.79

6 Amount (\$)

8

02/07/2024

1601 Trapelo Road, Waltham, Massachusetts 02451

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description email blast

(c) Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

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

PURPOSE OF EXPENDITURE

Candidate / Officeholder name

Office sought

Office held

Zip Code

Payee name Date 02/08/2024 Horseshoe Bay Beacon Amount (\$) Payee address; City: State: Zip Code 6400 FM 2147 #100, Horseshoe Bay, Texas 78657 370.50 Category (See Categories listed at the top of this schedule) Description Advertising Expense Ads **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Candidate / Officeholder name

Office sought

Office sought

Office held

Payee name 02/12/2024 Boost Photo Booth Pavee address: Amount (\$) City: Zip Code State: 375 Fantail Loop, Lakeway, Texas 78734 398.00 Description Category (See Categories listed at the top of this schedule) **Event Expense PURPOSE** photo booth OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office held

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidacofficeholder/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 Salaries/Wages/Contract Labor

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

Gredit Card Payment	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Marquis Cantu		3 Filer ID (Ethics	Commission Filers)		
4 Date 02/13/2024	5 Payee name HEB					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
109.93	1503 RM 1431, Marble Falls, Texas 7	78654				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense	for Meet & Greet at Sandstone Mountain Ranch				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
02/14/2024	Signs Across Texas					
Amount (\$)	Payee address;	City;	State;	Zip Code		
40.38	40.38 2251 W Ranch Road 1431, Kingsland, Texas 78639					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Advertising Expense	poster				
EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	side of Texas. Complete Schedule T. Check if Austin, TX, officeholder In				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
02/14/2024	Horseshoe Bay Beacon					
Amount (\$)	Payee address;	City;	State;	Zip Code		
320.50	6400 FM 2147 #100, Horseshoe Bay,	Texas 78657				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Advertising Expense	Ad				
EXPENDITURE						
	n, TX, officeholder living e	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			

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
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V 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 Cantu		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
02/16/2024	Vimeo				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
19.23	330 W 34th Street, Floor 10, New Yo	rk 10001			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Other	research - NC2: The Sheriff			
OF EXPENDITURE					
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
02/16/2024	Fox Mail				
Amount (\$)	Payee address;	City;	State; Zip Code		
2,730.00 2500 Sailpoint Drive, Spicewood, Texas 78669					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising Expense	Mailers			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/21/2024	Peerly				
Amount (\$)	Payee address;	City;	State; Zip Code		
359.82	2232 Dell Range Blvd, Cheyenne, Wy	yoming 82009			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Text blast			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

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 Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		, , , , , , , , , , , , , , , , , , , ,	
1 Total pages Schedule F1: 5	2 FILER NAME Marquis Cantu		3 Filer ID (Ethics	Commission Filers)	
4 Date 02/23/2024	5 Payee name Canva Pro	-			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
14.99	3212 E Cesar Chavez St, Bldg 1, Sui	te 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 Schedule T.	Check if Austir	n, TX, officeholder living e	xpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
02/24/2024	Stripe				
Amount (\$)	Payee address;	City;	State;	Zip Code	
93.20	354 Oyster Point Blvd South, San Fra	incisco, CA 940	080		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	fees	campaign website contribution fees			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	edule T. Check if Austin, TX, officeholder livi		xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	ffice 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 Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	kpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held	