CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 11 The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Marquis M Mr NAME Date Received NICKNAME LAST SUFFIX RECEIVED Cantu 4 CANDIDATE / ADDRESS / PO BOY APT / SHITE # CITY; STATE; ZIP CODE JUL 1 5 2024 **OFFICEHOLDER** MAILING Horseshoe Bay, Texas 78657 LLANO CO. **ADDRESS ELECTIONS** ✓ Change of Address **ADMINISTRATOR** AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR FIRST CAMPAIGN **TREASURER** Alan Mr Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Leifeste STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: ZIP CODE TREASURER 214 The Hills Road **ADDRESS** Horseshoe Bay, Texas 78657 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only)

8th day before election

Primary

General

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Year

24

Exceeded Modified

ELECTION TYPE

Other Description 15

Reporting Limit

13 OFFICE SOUGHT (if known)

Llano County Sheriff

THROUGH

Runoff

Special

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

Forms	provided	by	Texas	Ethics	Commission

10 PERIOD

COVERED

11 ELECTION

12 OFFICE

14 NOTICE FROM

POLITICAL COMMITTEE(S)

Additional Pages

July 15

2

OFFICE HELD (if any)

COMMITTEE TYPE

GENERAL

SPECIFIC

3

Month

ELECTION DATE

Day

Day

25

24

COMMITTEE NAME

COMMITTEE ADDRESS

Final Report (Attach C/OH - FR)

24

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	I FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME Marquis Cantu		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HAN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	\$ 7,360.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,302.35
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	\$ 13,051.91
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S OF THE \$
(1) Affidavit		
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify		he day of,
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration My name is Mar My address is	quis Cantu, and my date of birth	nis 12-28-1970 Tx. 18657 USA
Executed in Lland	(street) (city) County, State of Texas, on the 15th day of Macqu Signature of Car	(state) (zip code) (country) (year) (ndidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME arquis Cantu	20 Filer ID (Ethics Cor	mmis	sion Filers)	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,360.00	
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	\$	11,302.35	
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 FUNDS			\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$		

MONETARY POLITICAL CONTRIBUTIONS

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 fo	rm. 1 To	tal pages Schedule A1: 2
2 FILER NAME Marquis C	cantu	3 Fil	er ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID	#: 7 An	nount of contribution (\$)
02/27/2024	6 Contributor address; City; Horseshoe B	State; Zip Code ay, TX 78657	500.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID	#: Ar	mount of contribution (\$)
02/29/2024			5,000.00
Principal occup	Horseshoe Bay, Ta	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID	#: AI	mount of contribution (\$)
03/01/2024		State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID	#: AI	mount of contribution (\$)
03/04/2024	David Cotner Contributor address; City; Horseshoe Bay, 7	State; Zip Code	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

City; Port ctions) r out-of-state if City; Horseshoe Ba	State; Zip Code tland, OR 97225 9 Employer (See Instru	100.00 Amount of contribution (\$) 250.00
City; Port ctions) City; Horseshoe Bactions) out-of-state if out of state if	State; Zip Code tland, OR 97225 9 Employer (See Instru- PAC (ID#:) State; Zip Code By, TX 78657 Employer (See Instru-	7 Amount of contribution (\$) 100.00 Amount of contribution (\$) 250.00 Amount of contribution (\$)
City; Port ctions) City; Horseshoe Bactions) out-of-state if out of state if	State; Zip Code tland, OR 97225 9 Employer (See Instru- PAC (ID#:) State; Zip Code By, TX 78657 Employer (See Instru-	Amount of contribution (\$) 250.00 Amount of contribution (\$)
City; Horseshoe Ba	state; Zip Code Ay, TX 78657 Employer (See Instruction of the content of the co	Amount of contribution (\$) 250.00 Amount of contribution (\$)
city; Horseshoe Ba	State; Zip Code By, TX 78657 Employer (See Instruction of the content of the co	Amount of contribution (\$) 250.00 ctions) Amount of contribution (\$)
City; Horseshoe Ba	State; Zip Code BY, TX 78657 Employer (See Instruction PAC (ID#:)	250.00 Amount of contribution (\$)
City: Horseshoe Ba	Employer (See Instruction PAC (ID#:)	Amount of contribution (\$)
Horseshoe Ba	Employer (See Instruction PAC (ID#:)	Amount of contribution (\$)
ost Office	PAC (ID#:)	Amount of contribution (\$)
ost Office		
	State; Zip Code	10.00
City:	State; Zip Code	
Llano, TX 78		10.00
ctions)	Employer (See Instru	ctions)
f out-of-state i	PAC (ID#:)	Amount of contribution (\$)
City;	State; Zip Code	
tions)	Employer (See Instru	uctions)
		City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 (andre a extension on listed shows)

Credit Card Payment	al Committee Legal Services Salaries N The Instruction Guide explains how to o	Vages/Contract Labor complete this form.	Other (enter a categ	ory not listed above)
Total pages Schedule F1:	2 FILER NAME Marquis Cantu		3 Filer ID (Ethic	s Commission Filers)
4 Date 02/26/2024	5 Payee name Campaign Partner			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
32.00	PO Box 118, Still River, Massachuse	tts 01467		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising expense	website fee		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/26/2024	Horseshoe Bay Beacon			
Amount (\$)	Payee address;	City;	State;	Zip Code
541.00	6400 FM 2147 #100, Horseshoe Bay	, Texas 78657		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising expense	newspaper ad		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/26/2024	Sandstone Mountain Ranch			
Amount (\$)	Payee address;	City;	State;	Zip Code
	1145 CR 304, Llano, Texas 78643			
400.00				
400.00	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description cleaning fee		
OF		cleaning fee	n, TX, officeholder living	expense

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marquis Cantu 6 4 Date 5 Payee name 02/27/2024 Campaign Verify, Inc. 6 Amount (\$) 7 Payee address; City; State: Zip Code 1215 31st Street NW, PO Box 3554, Washington, DC, 20007-9998 95.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Advertising expense text messages 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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Horseshoe Bay Beacon 02/29/2024 Amount (\$) Payee address; City; State: Zip Code 6400 FM 2147 #100, Horseshoe Bay, TX 78657 541.00 Category (See Categories listed at the top of this schedule) Description Advertising expense ad PURPOSE 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 Payee name Date 03/05/2024 Imelda Ramirez Amount (\$) Payee address; City; State; Zip Code 4870 County Road 340, Burnet, TX 78611 240.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Event expense balloons OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Travel In District Travel Out Of District	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N	A-21007			3 Filer ID (Ethic	s Commission Filers)
4 Date 03/05/2024	5 Payee na	no News				
6 Amount (\$)	7 Payee ac	idress;		City;	State;	Zip Code
2,012.00	РО Вох	187, Llano, Texas 78	643-018	87		
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertis	sing expense		Ads		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
03/05/2024	Horsesh	oe Bay Beacon				
Amount (\$) 541.00	Payee at 6400 FM	dress; 1 2147 #100, Horsesh	oe Bay	City; , TX 78657	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this sing expense	schedule)	Description Ad		
		Check if travel outside of Texas. Complete S	schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	1201	Office sought		Office held
Date	Payee na	ame				
03/07/2024	Constan	t Contact				
Amount (\$)	Payee ac			City;	State;	Zip Code
12.79	1601 Tra	ipelo Road, Waltham,	Massa	chusetts 02451		
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Advertis	ing expense		email blast		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austli	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL CODIES	OF THIS	SCHEDIII E AS NES	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense **Event Expense** Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense **Printing Expense** Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marquis Cantu 4 Date 5 Payee name 03/11/2024 Stripe 6 Amount (\$) 7 Payee address; City: State: Zip Code 354 Oyster Point Blvd South, San Francisco, CA 94080 40.35 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) campaign website contribution fees fees **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name Canva Pro 03/25/2024 Amount (\$) Payee address; City; Zip Code 3212 E Cesar Chavez St, Bldg 1, Suite 1300, Austin, TX 78702 14.99 Category (See Categories listed at the top of this schedule) Description Advertising expense advertising PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/25/2024 Campaign Partner Amount (\$) Pavee address: City; State: Zip Code PO Box 118, Still River, Massachusetts 01467 32.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising expense website fee 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

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

1			2 511 15 /541-	O-market Files
Total pages Schedule F1:	Marquis Cantu		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
04/15/2024	Graham Norwood			
3 Amount (\$)	7 Payee address;	City;	State;	Zip Code
400.00	100 Warbonnet Ridge, Kingsland, TX	K 78639		
В	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising expense	video product	ion and editin	g
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	itin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/23/2024	Canva Pro			
Amount (\$)	Payee address;	City;	State;	Zip Code
14.99	3212 E Cesar Chavez St, Bldg 1, Su	ite 1300, Austir	n, TX 78702	
14.99	3212 E Cesar Chavez St, Bldg 1, Su Category (See Categories listed at the top of this schedule)	Description	n, TX 78702	
14.99 PURPOSE OF EXPENDITURE			n, TX 78702	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description advertising	n, TX 78702	expense
PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Description advertising		expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Category (See Categories listed at the top of this schedule) Advertising expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description advertising		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Category (See Categories listed at the top of this schedule) Advertising expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Description advertising		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Category (See Categories listed at the top of this schedule) Advertising expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name	Description advertising		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 04/24/2024 Amount (\$)	Category (See Categories listed at the top of this schedule) Advertising expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Campaign Partners	Description advertising Check if Aus Office sought City;	itin, TX, officeholder living	Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 04/24/2024 Amount (\$)	Category (See Categories listed at the top of this schedule) Advertising expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Campaign Partners Payee address;	Description advertising Check if Aus Office sought City;	itin, TX, officeholder living	Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 04/24/2024 Amount (\$)	Category (See Categories listed at the top of this schedule) Advertising expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Campaign Partners Payee address; PO Box 118, Still River, Massachuse	City:	itin, TX, officeholder living	Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oi Date 04/24/2024 Amount (\$) 32.00 PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Campaign Partners Payee address; PO Box 118, Still River, Massachuse Category (See Categories listed at the top of this schedule)	City: Description Check if Aus Office sought City: Otto Description Website fee	itin, TX, officeholder living	Office held Zip Code

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	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Marquis Cantu		3 Filer ID (Ethics	Commission Filers)	
4 Date 04/15/2024	5 Payee name Marquis Cantu				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
6,321.23	PO Box 754, Llano, TX 78643				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Loan repayment, reimbursement		Schedule E, dated or items checked or iru 12-22-24)		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
05/24/2024	Campaign Partners				
Amount (\$)	Payee address;	City;	State;	Zip Code	
32.00	PO Box 118, Still River, Massachuse	etts 01467			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising expense	website fee			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name		1000		
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
EXPENDITORE		Check if Austin, TX, officeholder living expense			
EXPENDITORE	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense	