CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how t	o complete this form.	1 Filer ID (Ethics Commi	ssion Filers)	2 Total pages	filed:	
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIRST Mr Marquis		мі М		OFFICE USE ONLY		
NAME	NICKNAME LAST Cantu		SU	SUFFIX		ELECTIONS PDMINISTRATORS ADMINISTRATORS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Horseshoe Bay, Texas 78657			&W' 5200	MECEL		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivere	ed or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Alan	MI	I	Receipt # Date Processed	Amount \$	
	NICKNAME			Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		y, Texas 78657	UITE #; CITY;		STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15 July 15	30th day before e		d Modified Limit	treasurer (Officehole	after campaign appointment der Only) ort (Attach C/OH - FR)	
10 PERIOD COVERED	Month 1	Day Year / 1 / 25	THROUGH	Month 6	Day Ye 30 / 25		
11 ELECTION	Month Day 3 / 5	Year Primary 24 General	Runoff	Other Description			
12 OFFICE	OFFICE HELD (if any) Sheriff 13 OFFICE SOUGHT (if known)						
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATE'S AND OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES COMMITTEE TYPE COMMITTEE NAME					OLDER'S KNOWLEDGE OR	
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	EASURER NAME				
	-	COMMITTEE CAMPAIGN TR	EASURER ADDRESS				
8	<u>'</u>	до то	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Marquis Cantu		16 Filer ID (I	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)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$	73.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAT			
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	F THE \$		
I	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct	and includes all information	
	Signature of Ca	andidate or Of	ficeholder	
	Please complete either option below	v:		
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed		da	y of,	
20, to certify	which, witness my hand and seal of office.			
Signature of officer administr	ering oath Printed name of officer administering oath	Title	of officer administering oath	
	OR			
(2) Unsworn Declarati	on			
My name is Marquis C	antu, and my date of birth is	12-28-197	0	
My address is	Horseshoe Bay T	X , 7865	USA	
Executed in Llano	(street) (city) (street) (county, State of Texas on the Sth day of University (city) (street)	, 2	code) (country) 0.25 (year)	
	Margin	Court		
	Signature of Candid	date/Officeholo	der (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME 20 Filer ID (Ethics Cor	nmission Filers)
Ma	arquis Cantu	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$.
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 73.00
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 CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 Giff/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 Cald Fayment .	The Instruction Guide explains how to o	complete this form.	•		
1 Total pages Schedule F1:	2 FILER NAME Marquis Cantu		3 Filer ID (Ethic	s Commission Filers)	
4 Date 06/17/2025	5 Payee name US Post Office			· :	
6 Amount (\$)	7 Payee address;	City:	State;	Zip Code	
		•	olale,	Zip Godje	
73.00	819 Berry Street, Llano, Texas 7864	3		• •	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Other Stamps for letters				
	(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	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
	•				
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description		· · · · · · · · · · · · · · · · · · ·	
PURPOSE		:			
OF EXPENDITURE				•	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			ng expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	· ·	Office held	
B.4.	Payes name	· · · · · · · · · · · · · · · · · · ·			
Date	Payee name	· ·			
Amount (\$)	Payee address;	City;	State;	Zip Code	
•			· ·.		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expen		g expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OI	1		· : : .		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	•	