

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">19</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Arnoldo NICKNAME LAST SUFFIX Lantu Jr.	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 211 West Park Pharr TX 78577	Date Received Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 318-2460	2007 JAN 18 PM 4:42 [Signature]	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. David R NICKNAME LAST SUFFIX Lorenzo		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 420 W. University Dr. Edinburg, TX 78539		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 381-5605		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 06 12 / 31 / 06		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Midalga County Court #5	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

16,050.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

72.00

4. TOTAL POLITICAL EXPENDITURES

\$

11,004.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

5,275.64

OUTSTANDING LOAN TOTALS

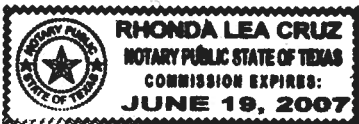
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

37,446.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Rhonda Lea Cruz, this the 16th day of Jan, 20 07, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/16/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John A. Rivera	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 106 S. 12 th Avenue, Edinburg, TX 78541		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Law Office of John A. Rivera		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 6/12/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rzynaaldo M. Merino	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4800 N. 10 th , Suite F, McAllen, TX 78504		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Rzynaaldo Merino		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 6/13/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David E. Cazares	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2762, McAllen, TX 78502		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm David E. Cazares attorney at law		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/30/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill Peralez	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4900 N. 10 th Suite C-3, McAllen, TX 78504		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm The Peralez Law Firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 6/28/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmundo Ramirez	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1101 Chicago Street, McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Ellis, Koeneke, Ramirez, LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 7/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Sotelo	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 763, Pharr, TX 78577		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Jesus Sotelo		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/30/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogelio Garza	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 720074, McAllen, TX 78504		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Rogelio Garza Attorney at Law		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 6/24/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmundo O. Ramirez	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 900 S. 1st, McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Edmundo O. Ramirez		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 7/6/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Garza	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 508 So 12th Avenue, Edinburg, TX 78839		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Richard Garza		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/21/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M. Mario Garcia	7 Amount of contribution (\$) \$ 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3510 Rosewood, Edinburg, TX 78539		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Law office of M. Mario Garcia		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 6/16/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L. Aaron Pena	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 S. Closer, Edinburg, TX 78534		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm L. Aaron Pena Law Office		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 6/15/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodrigo Martinez	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 101 N. 10th Street, Edinburg, TX 78541		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Rodrigo Martinez		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/28/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqueline Salinas	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 612 Nolana, Suite 350, McAllen TX 78504		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm The Salinas Law Firm PLLC		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 6/26/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traci L. Evans	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7439 N. 20th St. McAllen, TX 78504		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Ahlman & Evans Law Office		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 6/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anita G. Lozano	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1247, Weslaco, TX 78599		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Jones, Gulligan, Key & Lozano LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/23/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brin & Brin, P.C. 6 Contributor address; City; State; Zip Code 123 W. McIntire, Edinburg, TX 78541	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Brin & Brin, P.C.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 6/26/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roel R. Trevino Contributor address; City; State; Zip Code 1401 W. Polk, Pharr, TX 78577	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Roel Trevino		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 6/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos E. Ortejon Contributor address; City; State; Zip Code 3900 N. 10 th , Ste. 950, McAllen, TX 78501	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Carlos E. Ortejon		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/23/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fidel Luis Peña III	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 8366, Waco, TX 78599		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Law Office of Fidel Peña III		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 6/22/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Macías	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4610 S. Glasner, Edinburg, TX 78539		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Carlos Macías		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 6/20/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza & Vela LLP	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3900 N. 10 th Street, McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Garza & Vela LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule B(J):	
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒				\$
5 Date 6/27/06	6 Full name of pledgor Robert Guerra <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Pledgor address; City; State; Zip Code 418 East Dove, McAllen, TX 78504	8 Amount of pledge (\$) \$1000.00	9 In-kind description (if applicable)
10 Pledgor's principal occupation Attorney		11 Pledgor's job title		
12 Pledgor's employer/law firm Thornton, Bicchlin, Segredo, Romales & Guerra		13 Law firm of pledgor's spouse (if any)		
14 If pledgor is a child, law firm of parent(s) (if any)				
Date 6/11/06	Full name of pledgor Ray Ibarra <input type="checkbox"/> out-of-state PAC (ID#: _____)	Pledgor address; City; State; Zip Code 1410 Dove, McAllen, TX 78504	Amount of pledge (\$) \$500.00	In-kind description (if applicable)
Pledgor's principal occupation Attorney		Pledgor's job title		
Pledgor's employer/law firm The Law Firm of Ray Ibarra		Law firm of pledgor's spouse (if any)		
If pledgor is a child, law firm of parent(s) (if any)				
Date 6/20/06	Full name of pledgor Sean O'Neill <input type="checkbox"/> out-of-state PAC (ID#: _____)	Pledgor address; City; State; Zip Code 888 Iron 22, Ste 100, San Antonio, TX 78216	Amount of pledge (\$) \$2,500.00	In-kind description (if applicable)
Pledgor's principal occupation Attorney		Pledgor's job title		
Pledgor's employer/law firm O'Neill & Baliga		Law firm of pledgor's spouse (if any)		
If pledgor is a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/4/06	5 Payee name Law Office of Arnaldo Cantu, Jr. 6 Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577	7 Amount (\$) \$ 1000.00
8 Purpose of payment (See instructions regarding type of information required.) Payment on loan (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/4/06	Payee name Law Office of Arnaldo Cantu, Jr. Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577	Amount (\$) \$ 1000.00
Purpose of payment (See instructions regarding type of information required.) Payment on Loan (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/10/06	Payee name Law Office of Arnaldo Cantu, Jr. Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577	Amount (\$) \$ 3,500.00
Purpose of payment (See instructions regarding type of information required.) Payment on Loan (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/7/06	Payee name Law Office of Arnaldo Cantu, Jr. Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577	Amount (\$) \$ 1,200.00
Purpose of payment (See instructions regarding type of information required.) Payment on Loan (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/22/06	5 Payee name Law Office of Arnoldo Cantu, Jr. 6 Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577	7 Amount (\$) \$ 1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Payment on loan (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/22/06	Payee name Law Office of Arnoldo Cantu, Jr. Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577	Amount (\$) \$ 1,300.00
Purpose of payment (See instructions regarding type of information required.) Payment on Loan (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/6/06	Payee name Law Office of Arnoldo Cantu, Jr. Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577.	Amount (\$) \$ 2,000.00
Purpose of payment (See instructions regarding type of information required.) Payment on Loan (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/9/06	Payee name Capital one Bank Payee address; City; State; Zip Code P.O. Box 61540, Pharr, TX 78577	Amount (\$) \$ 4.00
Purpose of payment (See instructions regarding type of information required.) Returned Check Fee Check # 09906 / Political Contribution (If travel outside of Texas, complete Schedule T) check		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Law Office of Arnaldo Cantu, Jr.

5 Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnaldo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnaldo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnaldo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

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OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Law Office of Arnoldo Cantu, Jr.

5 Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr.

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION	4 Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>
	5 Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>

GUARANTOR INFORMATION	6 Name of guarantor
<input checked="" type="checkbox"/> not applicable	7 Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender <i>Law Office of Arnoldo Cantu, Jr.</i>
	Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>

GUARANTOR INFORMATION	Name of guarantor
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code

GUARANTOR INFORMATION	Name of guarantor
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code

GUARANTOR INFORMATION	Name of guarantor
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule M:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

MP Computer with monitor, CPU and Printer.

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED