

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 Mr. Arnoldo
 NICKNAME LAST SUFFIX
 Lantu Jr.

OFFICE USE ONLY

Date Received
 2008 JAN 15 PM 3:50
 Date Hand-delivered or Date Postmarked
 Receipt # Amount
 Date Processed
 Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 211 West Park Pharr TX 78577

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (956) 318-2460

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 Mr. David R.
 NICKNAME LAST SUFFIX
 Goreng

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

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
 07/01/07 THROUGH 12/31/07

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

Hidalgo County Court #5

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. 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

additional pages

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 0.00

EXPENDITURE TOTALS

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

\$ 63.00

4. TOTAL POLITICAL EXPENDITURES

\$ 63.00

CONTRIBUTION BALANCE

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

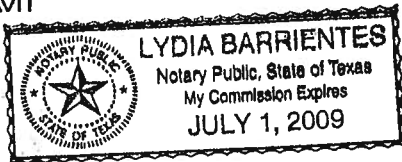
\$ 3,920.64

OUTSTANDING LOAN TOTALS

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

\$ 36,446.00

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arnddo Carter, JR, this the 15th day of January, 20 08, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Lydia Barrientes
Print name of officer administering oath

Notary Public
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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		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 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	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$)
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
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule G:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code <hr/> 7 Purpose of expenditure	8 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr/> Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr/> Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr/> Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr/> Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this 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

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

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 this Schedule L:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION	4 Name of lender <i>Law Office of Arnolddo Cantu, Jr.</i> 5 Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>
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GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	6 Name of guarantor 7 Guarantor address; City; State; Zip Code
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LENDER INFORMATION	Name of lender <i>Law Office of Arnolddo Cantu, Jr.</i> Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>
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GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code
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LENDER INFORMATION	Name of lender <i>Law Office of Arnolddo Cantu, Jr.</i> Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>
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GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code
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LENDER INFORMATION	Name of lender <i>Law Office of Arnolddo Cantu, Jr.</i> Lender address; City; State; Zip Code <i>211 West Park, Pharr, TX 78577</i>
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GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this 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 <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 checked="" type="checkbox"/> not applicable	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 checked="" type="checkbox"/> not applicable	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 checked="" type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this 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 (\$)

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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

HP Computer with monitor, CPU and HP 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

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