

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00090032	2 Total pages filed: 10		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Marcus	MI	OFFICE USE ONLY		
	NICKNAME	LAST Cardenas	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 240393 San Antonio, TX 78224			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Maria A.	MI			
	NICKNAME	LAST Cortez	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); P.O. Box 240393 San Antonio, TX 78224		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 834-5178					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" 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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) None Bexar			12 OFFICE SOUGHT (if known) State Senator District 19		

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

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

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13 C / OH NAME	Cardenas, Marcus (Mr.)		14 Filer ID (Ethics Commission Filers) 00090032
15 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 / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 5,775.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 4,103.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 1,471.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

17 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.

Mr. Marcus Cardenas

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Cardenas, Marcus (Mr.)	19 Filer ID (Ethics Commission Filers) 00090032
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
SUBTOTAL AMOUNT	
\$ 5,775.00	
\$	
\$	
\$	
\$	
\$ 4,103.23	
\$	
\$	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/10
2 FILER NAME Cardenas, Marcus (Mr.)		3 Filer ID (Ethics Commission Filers) 00090032
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cazares, Samuel	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78224	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado, Giovanna	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78233	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Hernandez	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code San Antonio, TX 78224	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerma, Ernesto	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mery, Mark	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/10</p>
<p>2 FILER NAME Cardenas, Marcus (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00090032</p>
<p>4 Date 09/22/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Miguel</p> <p>6 Contributor address; City; State; Zip Code San Antonio , TX 78214</p>	<p>7 Amount of Contribution (\$) \$5,000.00</p>
<p>8 Principal occupation / Job title (See Instructions) Salesman</p>		<p>9 Employer (See Instructions) TDS</p>
<p>Date 12/25/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilburn, Diane</p> <p>Contributor address; City; State; Zip Code San Antonio, TX 78233</p>	<p>Amount of Contribution (\$) \$100.00</p>
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) Retired</p>
<p>Date 12/17/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zumwalt, Truman</p> <p>Contributor address; City; State; Zip Code Brentwood, TN 37130</p>	<p>Amount of Contribution (\$) \$25.00</p>
<p>Principal occupation / Job title (See Instructions) Medical Technician</p>		<p>Employer (See Instructions) We Whiten</p>

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 6/10	2 FILER NAME Cardenas, Marcus (Mr.)	3 Filer ID (Ethics Commission Filers) 00090032
4 Date 11/13/2025	5 Payee name 830 Kitchen	
6 Amount (\$) \$78.99	7 Payee address; City; 301 Ave B Del Rio, TX 78840	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food For Volunteers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Alpha Graphics	
Amount (\$) \$508.78	Payee address; City; 219 N Alamo San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Literature
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/28/2025	Payee name Alpha Graphics	
Amount (\$) \$73.88	Payee address; City; 219 N Alamo San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 7/10	2 FILER NAME Cardenas, Marcus (Mr.)	3 Filer ID (Ethics Commission Filers) 00090032
4 Date 11/04/2025	5 Payee name Alpha Graphics	
6 Amount (\$) \$119.07	7 Payee address; City; 219 N Alamo San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flyers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought
Date 10/28/2025	Payee name Bexarware	Office held Office held
Amount (\$) \$2,581.76	Payee address; City; San Antonio, TX	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought
Date 10/22/2025	Payee name DOT Cards	Office held Office held
Amount (\$) \$144.91	Payee address; City; TX	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 8/10	2 FILER NAME Cardenas, Marcus (Mr.)	3 Filer ID (Ethics Commission Filers) 00090032
4 Date 12/15/2025	5 Payee name El Herradero de Jalisco	
6 Amount (\$) \$153.28	7 Payee address; City; 224 W Main Uvalde, TX 78001	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food For Volunteers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/02/2025	Payee name Lone Star National Bank	
Amount (\$) \$15.00	Payee address; City; 6986 S Zarzamora San Antonio, TX 78224	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/03/2025	Payee name Lone Star National Bank	Office held
Amount (\$) \$3.00	Payee address; City; 6986 S Zarzamora San Antonio, TX 78224	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper Statement Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 9/10	2 FILER NAME Cardenas, Marcus (Mr.)	3 Filer ID (Ethics Commission Filers) 00090032
4 Date 11/03/2025	5 Payee name Lone Star National Bank	
6 Amount (\$) \$21.00	7 Payee address; City; 6986 S Zarzamora San Antonio, TX 78224	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/28/2025	Payee name Lone Star National Bank	
Amount (\$) \$3.00	Payee address; City; 6986 S Zarzamora San Antonio, TX 78224	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Lone Star National Bank	
Amount (\$) \$21.00	Payee address; City; 6986 S Zarzamora San Antonio, TX 78224	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 10/10	2 FILER NAME Cardenas, Marcus (Mr.)	3 Filer ID (Ethics Commission Filers) 00090032
4 Date 12/31/2025	5 Payee name Lone Star National Bank	
6 Amount (\$) \$3.00	7 Payee address; City; 6986 S Zarzamora San Antonio, TX 78224	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Lone Star National Bank	
Amount (\$) \$10.00	Payee address; City; 6986 S Zarzamora San Antonio, TX 78224	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Luigis Italian Restaurant	
Amount (\$) \$366.56	Payee address; City; 2211 Uvalde , TX 78801	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food For Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held