CAMDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				
The C/OH Instruction	Guide explains ho	w to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MIL	Mario	MI 6	OFFICE USE ONLY Date Received 2 2
	NICKNAME	CANfu	SUFFIX	Date Received X THEO N THE
4 CANDIDATE / OFFICEHOLDER MAILIN G ADDRESS change of address	407 Chi	nuthat Trail A	STATE: ZIP CODE	Date Hano-delivered of Postmanker
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 442 - 4724	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS NICKNAME	Guadal upa	MI Q SUFFIX	Date Imaged
		GOSA	<u></u>	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO		city: state: fustin TX 7874.	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(51)	565-1649	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before election 8th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day	Year THROUGH	June 3	Year 6 2014
11 ELECTION	Month ELECTION DAY	ELECTION TYPE Sear Prinary	Runoff	Special Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT of know	n)
	NIA		Anstin City C	ouncil-Distrier 3
		GO TO PA	•	

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

FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME	Mario	6 cantu	15	ACCOUNT # (Éthics Commission Filers)	
16 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. 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	COMMITTEE NAME			
20 C C C C C C C C C C C C C C C C C C C	GENERAL SPECIFIC	COMMITTEE ADDRESS			
addiţional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER A	DDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF S50 S, LOANS, OR GUARANTEES OF L	OR LESS (OTHER THAN OANS), UNLESS ITEMIZED	\$ &	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUAR	RANTEES OF LOANS)	\$ 3,720.00	
EXPENDITURE TOTALS	3. TOTALI	OLITICAL EXPENDITURES OF \$100	OR LESS, UNLESS (TEM:	ZED \$ -	
	4. TOTAL	POLITICAL EXPENDITURES		\$ 1658.57	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTA ORTING PERIOD	AINED AS OF THE LAST DA	\$ 2,061.43	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTST AY OF THE REPORTING PERIOD	ANDING LOANS AS OF TH	s 784.34	
Notary P	FER RICHARDSON Jublic, State of Texas	is true an me under		perjury, that the accompanying report information required to be reported by	
	ommission Expires truory 17, 2018		Signature of Cand	idate or Officeholder	
Sworn to and sub		me, by the said Movid		y hand and seal of office.	
Signature of officer adm	ninistering oath	Tennifer K Printed name of officer adm	ichurdson inistering oath	Wotany Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

<u> </u>				
TI	he Instruction Guide explains how to complete t	his form.	1 Total pages Sch	nedule A:
2 FILER NAM	Mr. Mario 6 CANtu		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID)			
MAY 9,	David Hoekscher		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2014	6 Contributor address: City: State: Zip Cool 6926 Gaur Austin 78-	74 9	\$350.00	
9 Principal occ	upation (Job title (See Instructions)	10 Employer (See	Instructions	of Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#	1 Chiltern I	nternstional	
MAY 9,	Velwin goss	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
2014	Contributor address: City; State: Zip Code 6410 PONCA ST. Austin 78		\$350.00	·
<u> </u>	TX		1	
Retired	pation / Job title (See Instructions)	Employer (See	Instructions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	
MAY10.	KATHLEEN L. Ifous E Contributor address: City: State: Zip Code		contribution (\$)	In-kind contribution description (if applicable)
8614	1503 Ingle Wood ST		\$25.00	
D-1 1	Austin, TX 787	41	(If travel outside at	T
Legal HS		EMPloyer (See)	Instructions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In kind annulus
5-11-14	Cecilif Crossley Contributor address; City: State: Zip Code	_	contribution (\$)	In-kind contribution description (if applicable)
	3100 CATALINA Dr. Austin, T	X78715=	\$5.00	
Principal occup. Refire L	ation / Job title (See Instructions)	Employer (See In	(If travel outside of T nstructions)	exas, complete Schedule T)
Date	Full name of contributor			
Mayio,	Arthur 6 olbert		Amount of contribution (\$)	In-kind contribution description (if applicable)
2014	Contributor address: City: State: Zip Code		350.00	
Principal occupa	Austral 787		(If travel outside of Te	exas, complete Schedule T)
Director	(une (une instructions)	Employer (See Ins	structions)	
		M. B DIDert	- Consulting	LLC
,				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

			Total pages Sched	ule B:
The Instr	uction Guide explains how to complete this fo	rm.		
		3	ACCOUNT # (Eth	ics Commission Filers)
ILER NAME				
TOTAL O	F UNITEMIZED PLEDGES: ⇒ :	÷ ÷ ÷ ÷	# #	\$
	Full name of pledgor out-of-state PAC (ID#:	, [8	Amount of pledge (\$)	9 In-kind description (if applicable)
7	Pledgor address: City: State: Zip Code		1 1	
			(if travel outside o	f Texas, complete Schedule T)
	. / Job title (See Instructions)	11 Employer (See In:	structions)	
Principal occupation	on / Job title (See Instructions)			
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	in-kind description (if applicable)
	Pledgor address: City: State: Zip Code			
				of Texas, complete Schedule T)
	on / Job title (See Instructions)	Employer (See II	nstructions)	
Principal occupat	8h / 36b title (365			
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code	•		1
			(If travel outside	of Texas, complete Schedule T)
Drieninal occupa	tion / Job title (See Instructions)	Employer (See	Instructions)	
Principal coccep				In-kind description
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	(if applicable)
	Pledgor address: City: State: Zip Code			
				de of Texas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See	Instructions)	
Fillicipal occup		<u> </u>		In-kind description
Date	Full name of pledgor out-of-state PAC (#D#		Amount of piedge (\$)	(if applicable)
	Pledgor address: City: State: Zip Cod	,		
	·		(If travel outs	I ide of Texas, complete Schedule T
!	pation / Job title (See Instructions)	Employer (Se		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

				
The	e Instruction Guide explains how to complete th	nis form.	1 Total pages Sci	nedule A:
2 FILER NAME	Mario 6 CANTU		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	Full name of contributor Dout-of-state FAC (10#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
MAY 10	6 Contributor address: City: State: Zip Cod	e	12000	
2014	4811 Allison Cove Austin	TX 78741	\$350.00]
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See	Instructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
MAY 22	Trinh Dung		contribution (\$)	description (if applicable)
2014	Contributor address: City: State: Zip Code	•	\$ 20.00	
	1705 ASTOR PL Austin TX	78721	` i	f Taura
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	of Texas, complete Schedule T)
Kequister	2 Nurse	Conversion	E HOSP	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In kind on till at
	MALCOLM YEATTS		contribution (\$)	In-kind contribution description (if applicable)
WAY 21	Contributor address: City: State: Zip Code	•		
2014	4811 Allison CV Austin,	TX 787(1)	\$350.00	• .
Principal occup	ation / Job title (See Instructions)			f Texas, complete Schedule T)
Retired	(esc histocions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	1	Amount of	In this distance is a second
May 24	OfeliA Cantu		contribution (\$)	In-kind contribution description (if applicable)
7/	Contributor address: City: State: Zip Code		\$ 350.00	
2014	8865 HUEBINGER TASS Austin	1, 1 + 7 3745	(16 travel autoid)	
	ation / Job title (See Instructions)	Employer (See I	(If travel outside of nstructions)	Texas, complete Schedule T)
Retired				
Date	Full name of contributor out-of-state PAC (ID=)	Amount of	In-kind contribution
May, 24	VETE CANTO Contributor address: City: State: Zip Code	,	contribution (S)	description (if applicable)
•	,		\$ 350.00	
2014	8805 HUEBINJER PASS Aus	5tin,TX 79745	, ·	
	tion / Job title (See Instructions)	Employer (See In	(if travel outside of	Texas, complete Schedule T)
Retired			,01.00t(0)(a)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

s Ethics Co	mmission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
·	SED CONTRIBUTIONS		SCHEDULE B
	a it was bow to complete this form.	1 Total pages Schee	dule B
Th	e Instruction Guide explains how to complete this form.	2 ACCOUNT # (Eth	nics Commission Filers)
ILER NAM	E	20000,	
TO	TAL OF UNITEMIZED PLEDGES: ☆ ☆ ☆	ಕು ಎ	\$
Date	6 Full name of pledgor □ out-of-state PAC (ID*	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address: City: State: Zip Code		
			of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions) 11 Employer (See	e Instructions)	
		Amount of	In-kind description
Date	Full name of pledgor out-of-state PAC (ID#	-' pledge (\$)	(if applicable)
	Pledgor address: City: State; Zip Code		1
		(If travel outside	of Texas, complete Schedule T)
Principal of	ocupation / Job title (See Instructions) Employer (Se	e Instructions)	
	· · · · · · · · · · · · · · · · · · ·		In-kind description
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of pledge (\$)	(if applicable)
	Pledgor address: City: State: Zip Code		
		(If trough outside	of Texas, complete Schedule T)
	Employer (See	ee Instructions)	of lexas. compete states,
Principal o	occupation / Job title (See Instructions) Employer (Se		
Date	Full name of pledgor out-of-state PAC (ID#	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		
		(If travel outsid	le of Texas, complete Schedule T
Principal	occupation / Job title (See Instructions) Employer (S	See Instructions)	
		Amount of	In-kind description
Date	Full name of pledgor Out-of-state PAC (ID#:	pledge (\$)	(if applicable)
	Pledgor address: City: State: Zip Code		.
		(If travel outsi	de of Texas, complete Schedule T

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete th	is form,	1 Total pages Sci	hedule A:
2 FILER NAME	MARIO 6 CANTU		3 ACCOUNT # (I	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (10#		7 ^ /	
5-31-14	JOAN OWERS		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3 31 14	6 Contributor address: City: State: Zip Cod	e .	\$100.00	
	1709 St Albans Blud Austi	N,TX 78745		<u>.</u>
9 Principal occu	pation / Job fitle (See Instructions)	10 Employer (See	(If travel outside	of Texas, complete Schedule T)
Ketired		Zinproyer (dea	manuchons)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	KATHRYN STONE		contribution (\$)	description (if applicable)
6-27-14	Contributor address: City: State: Zip Code	•	ا	
	5106 FORT MASON Dr		9100.00	
	Austin TX 78745		/If tenual autolas	
Principal occup	oation Job title (See Instructions)	Employer (See	Instructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#.			
वर्ष	MA FEC. TALAMOR	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
6-22-14	Contributor address: City: State: Zip Code			
DIV. (15 100 LANTERN Dr.		\$ 50,00	
Principal occup	PFLuger VILLE TX 78660 ation / Job little (See Instructions)	- 4925	(If travel outside o	f Texas, complete Schedule T)
RN	The first octions)	Employer (See	Instructions)	٦.
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
	Brian Rodgers	·	contribution (\$)	description (if applicable)
6-28-14	Contributor address: City: State: Zip Code		4	
	1112 West 4th STREET		\$50.00	
Principal occups	AUSTIN TX 78703		(If travel outside of	Texas complete Schedule T)
	Real Estate investor	Employer (See I	Instructions)	. INC President
Date	Full name of contributor out-of-state PAC (ID#_	7.091.72 9.70		
	Trace Kellyy	;	Amount of contribution (S)	In-kind contribution description (if applicable)
6-29-14	Contributor address: City: State: Zip Code		4.	
	4813 EAGLE Feather Dr	IVE	100.00	
	Austin TX 78735		(If travel outside of	Towns and the Control of
Principal occupa	tion / Job title (See Instructions)	Employer (See II	nstructions)	Texas, complete Schedule T)
13-6+1	rcX		· 	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

The le	nstruction Guide explains how to complete this form.	1	Total pages Sched	uie B
	13d decrease of the same of th		ACCOUNT # (Ethi	ics Commission Filers)
LER NAME				
TOTAL	LOF UNITEMIZED PLEDGES: 🗢 🕏	ਹ ਹ	→ ⇔	\$
Date	6 Full name of pledgor □ out-of-state PAC (ID#	; 8	Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address: City: State: Zip Code		1	
	·	_		f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	mployer (See Inst	ructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		•	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See ins	itructions)	
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code			1
	,		(If travel outside	of Texas, complete Schedule T
Principal occu	pation / Job title (See Instructions)	Employer (See in		
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code			
				e of Texas, complete Schedule 1
Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor Out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code			
			(If travel outsid	le of Texas, complete Schedule
Principal occ	supation / Job title (See Instructions)	Employer (See I		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE	CATEGORIES	FOR BOX B(a)				
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Grit/Awards/Memorials Expense Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Trave! In District Printing Expense Office Overhead/Rental Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Relater Contributions/Donations Made By Candidate/Officeholder/Political						
Fees	Printing Expense	OTHER (enter a category not listed above)					
	The Instruction Guide	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME Mario CAN	tu		3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Payee name						
3-21-14	Austin Budger	5.5N5					
6 Amount (\$)	7 Payee address: City: Sta	te: Zip Code					
\$ 21-13	3904 Warehouse	0011					
Reimbursement from political contributions							
intended	Austin, TX 78701	<u> </u>					
8 PURPOSE	(a) Category (See categories listed at the top-	of this schedule i	(b) Description	(If trave) outside of Texas, complete Schedule T)			
OF EXPENDITURE	th fail o	_					
	other stickers-Deca	8		<u> </u>			
Date	Payee name						
5-3-14	USPS PO BOXE	s online					
Amount (\$)	Payee address: City: Stat	le: Zip Code					
\$ 31 - 06 Reimbursement from political contributions intended	3903 S Congress	AVE Aus	HN, TX 7	28704			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If trave) outside of Texas, complete Schedule T1			
OF EXPENDITURE	other-Po Box						
Date .	Payee name						
5-19-14	SylviA Villada						
Amount (\$)	Payee address: City: Stat	e: Zip Code					
Reimbursement from political contributions intended	107 W. MONFOE S	trect Aus	FIN, TX 7	8704			
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description	If travel outside of Texas_complete Schedule T)			
OF EXPENDITURE	other-Logos						
Dota							
Date 1-28-14	SylviA Villada						
Amount (\$)	·	e: Zip Code					
Reimbursement from political contributions intended	107 W. MONROE S	freet Aus	itin' IX	78704			
PURPOSE	Category (See categories listed at the top of	this scheoule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	other - Logos						
	ATTACH ADDITIONAL COR	PIES OF THIS SC	HEDULE AS NE				
www.ethics state ty us							

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re explains how to c	ing Expense ct ntal Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) orm.
1 Total pages Schedule G:	2 FILER NAME Mario 6 CAS	Ntu		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5-5-14	60 Daddy			
6 Amount (\$) \$ 2.17 Reimbursement from political contributions intended	7 Payee address: City: Sta 14455 North H Scottsdale, AZ	ate: Zip Code 1 a7 deni Ro 85260	rd Su	te 219
8 PURPOSE OF EXPENDITURE	(a) Category (See calegories listed at the top Other - Domain Na	of this schedule:	(b) Description	(If travel outside of Texas-complete Schedule T)
Date 11-10-2013	Payee name 60 Paddy			
Amount (\$) \$ 17.37 Reimbursement from political contributions intended	Payee address: City: Sta 14455 North Ha Scettsilale, A2 (ne: Zip Code 14 den Roa 35260	d suit	c 219
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	i. (If travel outside of Texas, complete Schedule T)
1-27-14	Go Daddy			
Amount (\$)	Payee address: City: Sta 14455 North Hau Scottsdale, A2	nden Road 85260	Cnite	- 219
PURPOSE OF EXPENDITURE	Category (See categories Issled at the top of	of this schedule)	Description	(If traver outside of Texas complete Schedule T)
Date 1-27-14	Payee name 60 Daddy			
Amount (\$) FUD. 13 Reimbursement from political contributions intended	Payee address: City: State 14455 North Ha Scoffs dale, AZ		d suite	219
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this scheaule)	Description	(if trave) outside of Texas-complete Schedule T)
vww ethics state ty us	ATTACH ADDITIONAL CO	PIES OF THIS SCI	TEDULE AS N	IEEDED

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

	The Instruction Guide explains how to	=	HER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Mario 6 CANTU		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5-24-14	6 Payee name Precision Camera and	Video	
Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code 2438 West Anderson B Austin, TX78757	34	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other-Slimbine LANDE 20-4KC	(b) Description (If tra	vel outside of Texas, complete Schedule Ty
5-27-14	Payee name USPS Post office		
Reimbursement from political contributions intended	Payee address: City: State: Zip Code 3903 S Congreso AVE	Austin, tx	78704
PURPOSE OF EXPENDITURE	Other-Stamps - for Carly	Description (If trai	vei outside of Texas-complete Schedule T1
3-8-14	Payee name Vista Print		
Amount (\$) 4 47.72 Reimbursement from political contributions intended	Payee address: City: State: Zip Code 95 Handen Avenue Lex Lexington, MA 02421	ing fou	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) blue-Business Cards - CAPS	Description (If trav	er outside of Texas complete Schedule T)
3-8-14	Payee name Vista Print		
Amount (\$) \$ [3.50] Reimbursement from political contributions intended	Payee address: City: State: Zip Code 95 Hayded AVENUE Lexi Lexington, MA 02421	inston	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - CAP	Description (If trav	el outside of Texas-complete Schedule T?
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEED	ED

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract Solicitation/Fundraising E Travel In District Travel Out Of District Office Overhead/Rental explains how to comp	Labor Loan xpense Trans Contr Ca Expense OTHE	Repayment/Reimbursement portation Equipment & Related Expense ibutions/Donations Made By andidate/Officeholder/Political Committee R (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Mario G	· · · · · · · · · · · · · · · · · · ·		3 ACCOUNT # (Ethics Commission Filer
3-8-14	8 Payee name 8 DUER Night P			
Reimbursement from political contributions intended	7 Payee address: City: Star 7582 LAS Ved LAS Vegas NV,	1e: Zip Code 9A6 Blul - 9 89123	i. Suite	¥ 487
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	of this schedule) (b) [outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	Payee address; City: Stat	e: Zip Code		
PURPOSE OF EXPENDITURE	Category: See categories listed at the lop o	f this schedule;	escription (If travel	outside of Texas-complete Schedule T1
Date	Payee name			
Amount (\$) Reimbursement from political contributions	Payee address: City: State	: Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule) Di	escription (If travel o	utside of Texas complete Schedule T)
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	Payee address: City: State:	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	his schedule) De	scription (If travel ou	itside of Texas, complete Schedule T)
www.ethics.state.tv.uc	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDU	LE AS NEEDED)

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.
Total pages Schedule H:	2 FILER MAME Nario 6 CANtu	3 ACCOUNT # (Ethics Commission Filers)
5-2-14	6 Business name Miller Blue Print Co	>
4 51.75	7 Business address: City: State: Zip Code 50 W. GH ST	
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	other maps	
• Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought / Office held
5-12-14	Business name Capital Rubber St. Business address: City: State: Zip Code	amp
Amount (\$) \$ 22.73	Business address: City: State: Zip Code 3314 S. Congress AVE	Austin TX 78704
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Other Name BAdger	Office sought Office held
Complete ONLY if direct expenditure to benefit C/0 Date	Business name	Cilios dougil.
June 12,2014 Amount (5)	Business address; City: State: Zip Code	
\$1000.00	1802 ANN Arbox, Austin.	, Tex-6 78764
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date 6-14-14	Business name All STAR GCOCERY Business address: City: State: Zip Code	
Amount (\$)	Business address: City: State: Zip Code 4619 S. CONGress Aust.	NTX 78745
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Bellerage Expense - Water/Cot	Description: (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

	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	
6 Amount (\$)	7 Payee address: City; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State: Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date .	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedule)	Description ## travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
Reimbursement from political contributions stended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

2070 Austin, Texas 78711-2070

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

rees	The Instruction Guide explains how to	complete this form.	
Total pages Schedule H:	2 FILER NAME Mario Cantu		3 ACCOUNT # (Ethics Commission Filers)
6-14-14	6 Business name Bill miller BAR-B-	りまた	
Amount (\$)	7 Business address: City: State: Zip Code	_	
\$ 8.06	709 E BEN White Blud	Austin, 1	78745
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If to	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Beverage ExpensE		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date 6-15-14	Business name CeNoTe		
Amount (\$)	Business address; City: State: Zip Code		•
\$25.00	1010 E. CESAR chavez	Austin, Te	xas 78702
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If It	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fool Beverage EMPENSE	Ì	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date SLNG 27-14	Business name Cafital Rubbea Stam	P	
Amount (\$)	Business address; City: State; Zip Code		
\$ 11.37	3314 S. Congress A	VE Awtin	TX 78704
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other Name Badge -	Description (If)	rave [;] outside of Texas, complete Schedule T}
Complete <u>ONLY</u> if direct expenditure to benefit Ci	Candidate / Officeholder name	Office sought	Office held
Date 6 - 19 - 14	Stefan Wray		
Amount (\$)	Business address; City; State: Zip Code		
\$500.00	6911 Villita AVENI	da Aust	N 78741
PURPOSE	Category (See categories listed at the top of this schedule)	Description at	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	in Kind	MAPS	
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	_ Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS N	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how to	
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address: City: State: Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address: City; State: Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
Date .	Payee name	
Amount (\$)	Payee address: City: Stale: Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how to com		
1 Total pages Schedule H:	2 FILER NAME Marid 6 CANtu	3 ACCOUNT # (E	thics Commission Filers)
4 Date 5-9-14	6 Business name Vauid Hoelscher		
6 Amount (\$)	7 Business address: City: State: Zip Code		ļ
\$ 10.45	6912 Gaur Drive Gustin		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b)	Description (If travel outside of Texas, con	mpiete Schedule T)
OF EXPENDITURE	Pay Pal	Processing tee	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 5-9-14	Business name Delwin Goss		
Amount (\$)	Business address; City: State: Zip Code		·
\$ 10.45	6410 PONCAST Austin		Conductivity
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, co	mplete Schedule 1)
OF EXPENDITURE	Yay Yal	Klocessid tee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 5-31-14	Business name JOAN DWCN5	\	
Amount (5)	Business address: City: State: Zip Code	\	
\$ 3.20	1709 84 Albans Blud 1		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, c	ompiete Schedule 1)
OF EXPENDITURE	Vay Cal	Processing tee	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 6-28-14	Business name Brigal Rolgens		
Amount (\$)	Business address; City; State: Zip Code	i	•
\$10.45	1112 West 9th stone	TAustin, TR 781	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, o	complete Schedule 11
OF EXPENDITURE	Pag Val	Fee Processia	8
Complete ONLY if direct expenditure to benefit C	Candidate / Officefolder name /OH	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense

Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Fees		Overhead/Rental Expense OTHER (enter a category not listed above)
		is how to complete this form.
Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethios Commission Ethios
Date	5 Payee name	
Amount (\$)	7 Payee address: City: State: Zip	Code , ,
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch	edule) (b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip	Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	Description (If travel outside of Texas, complete Schedule T)
Date :	Payee name	
Reimbursement from political contributions intended	Payee address: City: State: Zip	Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche	Description (If travel outside of Texas, complete Schedule T)
Pate	Payee name	
Amount (\$)	Payee address: City: State: Zip	Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	'Category (See categories listed at the top of this sche	dule) Description (If travel outside of Texas, complete Schedule T)