

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

18

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MIA
NICKNAMEMario
LASTG
SUFFIX

Cantu

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ change of address

407 Chihuahua Trail Austin, TX 78745

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

442-4724

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms
NICKNAMEGuadalupe
LASTQ
SUFFIX

GOSA

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

4414 MT Vernon Dr. Austin TX 78745

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

565-1649

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

Feb 28 2014

JUNE 30 2014

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

NOV 4 2014

12 OFFICE

OFFICE HELD (if any):

N/A

13 OFFICE SOUGHT (if known)

Austin City Council - District 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Mario G Cantu

15 ACCOUNT # (Ethics 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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

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

\$ 0

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

\$ 3,720.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,658.57

CONTRIBUTION
BALANCE

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

\$ 2,061.43

OUTSTANDING
LOAN TOTALS

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

\$ 784.34

18 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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mario Cantu, this the 11th day of July, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Jennifer Richardson

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A.

2 FILER NAME

Mr. Mario G Cantu

3 ACCOUNT # (Ethics Commission Filers)

4 Date

MAY 9,
2014

5 Full name of contributor

David HOELSCHER

☐ out-of-state PAC (ID#)

6 Contributor address:

City: State: Zip Code

6920 Gaur Austin 78749
Drive TX

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Medical Monitor

10 Employer (See Instructions)

Chiltern International

Date

MAY 9,
2014

Full name of contributor

Delwin Goss

☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

6410 Ponca St. Austin 78741
TX

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

MAY 10,
2014

Full name of contributor

KATHLEEN H. HOUSE

☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

1503 Inglewood St
Austin, TX 78741

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Legal Assistant

Employer (See Instructions)

ENOCH KEVER PLLC

Date

5-11-14

Full name of contributor

Cecilia Crossley

☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

3100 CATALINA Dr. Austin, TX 78745

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

MAY 10,
2014

Full name of contributor

Arthur G Olbert

☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

1906 Raleigh AVE.
Austin TX 78703

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

A.G. Olbert Consulting LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 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

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mr. Mario G Cantu

3 ACCOUNT # (Ethics Commission Filers)

4 Date

MAY 10
2014

5 Full name of contributor ☐ out-of-state PAC (ID#)

LINDA A. YEATTS

6 Contributor address: City: State: Zip Code

4811 ALLISON COVE Austin TX 78741

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

MAY 22
2014

Full name of contributor ☐ out-of-state PAC (ID#)

Trinh Dung

Contributor address: City: State: Zip Code

1705 ASTOR PL
Austin TX 78721

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Registered Nurse

Employer (See Instructions)

CORNERSTONE HOSP

Date

MAY 21,
2014

Full name of contributor ☐ out-of-state PAC (ID#)

MALCOLM YEATTS

Contributor address: City: State: Zip Code

4811 ALLISON CV Austin, TX 78741

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

MAY 24
2014

Full name of contributor ☐ out-of-state PAC (ID#)

Otelia Cantu

Contributor address: City: State: Zip Code

8805 HUEBINGER PASS
Austin, TX 78745

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

MAY 24
2014

Full name of contributor ☐ out-of-state PAC (ID#)

PETE CANTU

Contributor address: City: State: Zip Code

8805 HUEBINGER PASS Austin, TX 78745

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B**2** FILER NAME**3** ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES.

\$

5 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

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)**11** Employer (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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule A.

2 FILER NAME

MARIO G CANTU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-31-14

5 Full name of contributor

JOAN OWENS

☐ out-of-state PAC (ID#)

6 Contributor address: City: State: Zip Code

1709 St Albans Blvd Austin, TX 78745

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

6-27-14

Full name of contributor

KATHRYN STONE

☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

5106 Fort Mason Dr
Austin TX 78745

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

6-22-14

Full name of contributor

MA F E C TALAMOR

☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

15100 LANTERN DR.
PFLUGERVILLE TX 78660 - 4925

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RN

Employer (See Instructions)

CORNERSTONE Hospital

Date

6-28-14

Full name of contributor

Brian Rodgers

☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

1112 West 9th Street
Austin TX 78703

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

President Real Estate Investor

Employer (See Instructions)

ROGERS and Reichle, Inc President

Date

6-29-14

Full name of contributor

Trace Kelly

☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

4813 Eagle Feather Drive
Austin TX 78735

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:**2** FILER NAME**3** ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES:

\$

5 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

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)**11** Employer (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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:		2 FILER NAME Mario CANTU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-21-14		5 Payee name Austin Budget signs			
6 Amount (\$) \$ 21.13 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 3904 Warehouse Row Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) other stickers - Decals		(b) Description (If travel outside of Texas, complete Schedule T)	
Date 5-3-14		Payee name USPS PO BOXES ONLINE			
Amount (\$) \$ 31.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 3903 S CONGRESS AVE Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) other - Po Box		Description (If travel outside of Texas, complete Schedule T)	
Date 5-19-14		Payee name Sylvia Villada			
Amount (\$) \$ 150.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 107 W. MONROE street Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) other - Logos		Description (If travel outside of Texas, complete Schedule T)	
Date 1-28-14		Payee name Sylvia Villada			
Amount (\$) \$ 360.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 107 W. MONROE street Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) other - Logos		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME Mario G Cantu		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-5-14		5 Payee name Go Daddy			
6 Amount (\$) \$2.17 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 14455 North Hayden Road Suite 219 Scottsdale, AZ 85260			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) other - Domain Name		(b) Description (If travel outside of Texas, complete Schedule T)	
Date 11-28-2013		Payee name Go Daddy			
Amount (\$) \$17.37 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 14455 North Hayden Road Suite 219 Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) other web - Domain - Private		Description (If travel outside of Texas, complete Schedule T)	
Date 1-27-14		Payee name Go Daddy			
Amount (\$) \$11.12 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 14455 North Hayden Road Suite 219 Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) other Domain Name		Description (If travel outside of Texas, complete Schedule T)	
Date 1-27-14		Payee name Go Daddy			
Amount (\$) \$40.13 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 14455 North Hayden Road Suite 219 Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) other - Website - Business		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS 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
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.

1 Total pages Schedule G: 2 FILER NAME **Mario G. CANTU** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **5-24-14** 5 Payee name **Precision Camera and Video**

6 Amount (\$) **\$10.61** 7 Payee address: City: State: Zip Code
☐ Reimbursement from political contributions intended
**2438 West Anderson B4
Austin, TX 78757**

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)
other - slimline cards 20-4x6

Date **5-27-14** Payee name **USPS Post office**

Amount (\$) **\$9.80** Payee address: City: State: Zip Code
☐ Reimbursement from political contributions intended
3903 S Congress AVE Austin, TX 78704

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
other - stamps - for cards

Date **3-8-14** Payee name **Vista Print**

Amount (\$) **\$47.72** Payee address: City: State: Zip Code
☐ Reimbursement from political contributions intended
**95 Hayden Avenue Lexington
Lexington, MA 02421**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
other - Business cards - CAPS

Date **3-8-14** Payee name **Vista Print**

Amount (\$) **\$13.50** Payee address: City: State: Zip Code
☐ Reimbursement from political contributions intended
**95 Hayden Avenue Lexington
Lexington, MA 02421**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
other - CAP

ATTACH ADDITIONAL COPIES OF THIS 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
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.

1 Total pages Schedule G: 2 FILER NAME **Mario G Cantu** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **3-8-14** 5 Payee name **Over Night Prints**

6 Amount (\$) **\$19.79** 7 Payee address: City: State: Zip Code
☐ Reimbursement from political contributions intended
**7582 LAS VEGAS BLVD. S. Suite #487
LAS VEGAS NV, 89123**

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)
Other - Business Cards

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 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 SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME Mario G Cantu	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 5-2-14	5 Business name Miller Blue Print Co				
6 Amount (\$) \$51.75	7 Business address: City: State: Zip Code 501 W. 6th St Austin, TX 78701				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) other - maps	(b) Description (If travel outside of Texas, complete Schedule T)			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 5-12-14	Business name Capital Rubber stamp				
Amount (\$) \$22.73	Business address: City: State: Zip Code 3314 S. Congress AVE Austin TX 78704				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other Name Badges	Description (If travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date June 12, 2014	Business name AZUL strategies				
Amount (\$) \$1000.00	Business address: City: State: Zip Code 1802 Ann Arbor, Austin, Texas 78704				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 6-14-14	Business name ALL STAR GROCERY				
Amount (\$) \$5.11	Business address: City: State: Zip Code 4619 S. Congress Austin TX 78745				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense - Water / coffee	Description (If travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 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 SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:		2 FILER NAME <i>Mario Cantu</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6-14-14</i>		5 Business name <i>Bill Miller BAR-B-Q #12</i>			
6 Amount (\$) <i>\$8.06</i>		7 Business address: City: State: Zip Code <i>709 E BEN White Blvd Austin, TX 78745</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6-15-14</i>		Business name <i>Cenote</i>			
Amount (\$) <i>\$25.00</i>		Business address: City: State: Zip Code <i>1010 E. CESAR chavez Austin, Texas 78702</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>JUNE 27-14</i>		Business name <i>Capital Rubber Stamp</i>			
Amount (\$) <i>\$11.37</i>		Business address: City: State: Zip Code <i>3314 S. CONGRESS AVE Austin TX 78704</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other Name Badge -</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6-19-14</i>		Business name <i>Stefan Wray</i>			
Amount (\$) <i>\$500.00</i>		Business address: City: State: Zip Code <i>6911 Villita Avenida Austin TX 78741</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>in kind</i>		Description (If travel outside of Texas, complete Schedule T) <i>MAPS</i>	
Complete ONLY 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address: City: State: Zip Code
<input type="checkbox"/> 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)
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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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)
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ATTACH ADDITIONAL COPIES OF THIS 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
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.

1 Total pages Schedule H:	2 FILER NAME Mario G CANTU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5-9-14	5 Business name David Hoelscher	
6 Amount (\$) \$10.45	7 Business address: City: State: Zip Code 6912 Gaur Drive Austin TX 78749	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Pay Pal	(b) Description (If travel outside of Texas, complete Schedule T) Processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-9-14	Business name Delwin Goss	
Amount (\$) \$10.45	Business address: City: State: Zip Code 6410 PONCA ST. Austin TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Pay Pal	Description (If travel outside of Texas, complete Schedule T) Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-31-14	Business name JOAN OWENS	
Amount (\$) \$3.20	Business address: City: State: Zip Code 1709 ST Albans Blvd Austin, TX 78745	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Pay Pal	Description (If travel outside of Texas, complete Schedule T) Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6-28-14	Business name Brian Rodgers	
Amount (\$) \$10.45	Business address: City: State: Zip Code 1112 West 9th street Austin, TX 78703	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Pay Pal	Description (If travel outside of Texas, complete Schedule T) Fee Processing
Complete <u>ONLY</u> 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

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.

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 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)

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