(512) 463-5800

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(TDD 1-800-735-2989)

The C/OH Instruction (Guide explains how t	to complete this form.	1 ACCOUNT # (Ethics Commission Filers	2. Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	Mario Mario	6	OFFICE USE ONLY
	NICKNAME	CANTU	SUFFIX	CEIVE B A
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / POBOX: 407 Chihun	MUATrail Aust	STATE ZIP COD N,TK 78945	Date Hanc-delivered or Postmarked Receipt # Amount
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	2401E NUMBER 442- 4724	EXTENSION	Date Processed
G CAMPAIGN TREASURER NAME	MS/MRS/MR N(S NICKNAME	Gnadalupe	MI Q SUFFIX	Date imaged
-		8084		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PC	DEOXPLEASE) APTISUITE#	CITY: STATE:	ZIP CODE 18745
8 CAMPAIGN TREASURER PHONE	AREA CODE (** 512)	PHONE NUMBER 565-1649	EXTENSION	
9 REPORT TYPE	January 15	30th cay before election 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer approintment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	5nly 1/2	Year 2014 THROUGH	Month 9 /2	Jay Year 5 / 14
11 ELECTION	Month ELECTION DATE Nov 4 2	Year ELECTION TYPE Primary	Runoii	General Special
12 OFFICE	OFFICE HELD (Fany)		13 OFFICE SOUGHT (I	
	NA	<u></u> -	1 Hustin Olty	Council - District 3
GO TO PAGE 2				

Austin, Texas 78711-2070

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Mar	io G CAN	Hu	15 ACCOU	JNT ♯ (Ethics Con	mission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S			NDIDATE'S OR	OFFICEHOLDER'S KN	OWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS			 	
	SPECIFIC	<u>, −</u>			~	
additional pages		COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRESS			
17 CONTRIBUTION TOTALS			IONS OF \$50 OR LESS (OTHER TH NTEES OF LOANS), JNLESS (TEMI		\$ &	P
		POLITICAL CONTRI THAN PLEDGES, LOAN	BUTIONS IS, OR GUARANTEES OF LOANS)	-	\$ 1,680	0.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITUR	RES OF \$100 OR LESS, UNLESS ITE	EMIZED :	\$ &	
	4. TOTAL	POLITICAL EXPEND	ITURES		\$ 3,43	37.54
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTE DRTING PERIOD	ONS MAINTAINED AS OF THE LAST	DAY	\$ 303	. 89
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF Y OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PÉRIOD	THE	\$ 784	.34
18 AFFIDAVIT						
		_	I swear, or affirm, under penalty is true and correct and includes a me under Title 15. Election Code	all informatio		
MY C	MARGRETT FRANKLIN OMMISSION EXPIRES October 17, 2014		Signature of Ca	andidate or (Officeholder	:
Sworn to and sub-	W/ak	1.7	Mario Contu	my hand		office.
am marg	red France		ar great Franklin	Ν	otary	Andrew (1
Signature of officer admi	mistering oath	Printed name of	officer administering oath	ritie	of officer adal inis	tering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

				·	
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2	FILER NAME	Mario & CANtu		3 ACCOUNT = (E	Ethics Commission Filers)
4	Date	6 Full name of contributor □ opt-of-state PACKD=		7 Amount of	8 In-kind contribution
		Joseph S. Bennett		contribution (\$)	description (if applicable)
				1	I T
_	7-6-14	6 Contributor address: City: State: Zip Code		\$100.00	1
•		3100 Brin Wood AVE 7870	,4	100.00	1
		<u> </u>			of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Retired	Instructions)	
	Date	Full name of contributor		Amount of	In-kind contribution
		Chris SANdoval		contribution (\$)	description (if applicable)
•	91	Contributor address: City: State: Zip Code		1	
	7-1-14	213 80: PATGNGSIN, BAANSUAN 1		1	
		NANghinchec Road, Tung Mahamek,	BANSKOK Mas la	(If traval outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	of Texas, complete Schedule T)
		Contractor	ENergo	systems	
	Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
		John Andrew Ridcon		contribution (\$)	description (if applicable)
7		Contributor address: City: State: Zip Code			1
	8-1-14			\$100.00	·
	• • • • •	7602 Crystal Brook COUE Aust	in TX 78724	100.00	!
				(If travel outside o	I of Texas complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		
	<u> </u>	Maintenance	UTTEX9	<u> </u>	
	Date	Full name of contributor Out-of-state PAC (ID#_	······································	Amount of contribution (\$)	In-kind contribution
		Juan Cienfuegos		-	description (if applicable)
7	30 11	Contributor address: City: State: Zip Code		\$100.00	
l	-28-14	215 N. Center No 701 SAN AN	tonio.TL	100.00	
		porty is control of the control	78202	i	
	Principal occup	ation / Job title (See Instructions)			f Texas, complete Schedule T)
		Triazelishte	Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (10#	0.5000	Amount	
		Joe Foster		Amount of contribution (\$)	In-kind contribution description (if applicable)
-	, . l		i	! !	
,	8-10-14	Contributor address: City; State; Zip Code		975.00	
	• ` '	35AG 0.1 0 -			
		3566 River Crest Dr. Austial TX	78146	1	
-	Principal occup	ation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)
		Retiral	Actired		
40.0					1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDG	SED CONTRIBUTIONS	7011120.0	(512)463-3800	SCHEDULE B
The	e Instruction Guide explains how to complete this fo	erm.	Total pages Sched	iule B
FILER NAME			3 ACCOUNT # (Eth	ics Commission Filers)
	TAL OF UNITEMIZED PLEDGES: ⇔ =	<u> </u>	<u> </u>	\$
Date	6 Full name of pledgor □ out-of-state PAC+ID=		Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address: City: State: Zip Code.		·	
			(If travel outside 0	f Texas, complete Schedule T)
		1 Employer (See In		, icaas. complete
Principal occ	supation / Job title (See Instructions) 1	- Chiployer (dec iii		
Date	Full name of pledgor out-of-state PAC (10#)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		·	
		ļ	(If travel outside	[of Texas, complete Schedule T)
Discipal co	cupation / Job title (See Instructions)	Employer (See II		
Principal oc-				<u></u>
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 oc	cupation / Job title (See Instructions)	Employer (See		
	Full name of pledgor out-of-state PAC(ID#	ì	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 outside	e of Texas, complete Schedule T)
Principal od	ocupation / 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 outsid	le of Texas, complete Schedule T)
	coupation / Job title (See Instructions)	Employer (See	Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

-		· · -		
τ	he Instruction Guide explains how to complete t	his form.	1 Total pages S	chedule A:
2 FILER NAM	ne d			
4 Date	Mario 6 CANFO	۷.	3 ACCOUNT #	(Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state 740 ±00		7 Amount of	
01,-1	Sterling King 6 Contributor address: City: State: Zip Cod		contribution (\$)	8 In-kind contribution description (if applicab
4/12/1	6 Contributor address: City: State: Zip Cod	e	\$50.00	1
 	1808 Kerr street Austin), TK 78745		·
9 Principal occ	upation / Job title (See Instructions)	10 Employer (Se	ulf travel outside e Instructions)	of Texas, complete Schedule T
Date	Full name of contributor out-of-state PAC (ID#	Inctirca		
_	Luge SosA		Amount of contribution (\$)	In-kind contribution description (if applicable
9/22/4	Contributor address: City: State: Zip Code	•	\$130.00	
1 111	4414 MT Vernon Dr.	Auotin 12	150.00	
Principal occu	ration 1.1.1. The same of the	78795	(If travel outside o	f Texas, complete Schedule T)
Date	ice filex	Retired		
)	Full name of contributor Out-of-state PAC (ID#)	Amount of	In-kind contribution
	Frank Salinas		contribution (S)	description (if applicable
9/18/14	Contributor address: City: State: Zip Code		\$i	
(("/17	5106 Suburban Dr. Anstin,	TX 78745	200.00	
Principal occup	pation / Job title (See Instructions)		(If travel outside o	f Texas, complete Schedule T)
	Events Cor-mait	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID=		Amount of	
	Daniel Wheelno	·	contribution (S)	In-kind contribution description (if applicable)
9/25/14	Contributor address: City: State: Zip Code	i	1	
, ,	3103 Bee Caves Rd Suite	201	1100.00	
Principal occup	ation / Job title (See Instructions)		(If travel outside of	T
	Lawyer	Employer (See In	Ostructional)	Texas complete Schedule T)
Date	Full name of contain	Wiceing	Law	
į	out-of-state PAC (10#	;	Amount of contribution (S)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code			
	ition / Job title (See Instructions)		(If travel outside of 7	exas, complete Schedule T)
crincipal occupa	in age the take lustifications.	Employer (See In		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Sci	hedule A.
2 FILER NAME	Mario G CANTU	3 ACCOUNT # :	Ethics Commission Filers)
4 Date	Full name of contributor	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)
8-15-14	6 Contributor address: City: State: Zip Code	\$50,00	<u> </u>
9 Principal occur	2506 Douglas ST Austin TX 78741 pation / Job title (See Instructions) 10 Employer (See		of Texas complete Schedule T)
	ENGINEERING SEBC		
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-9-14	Contributor address: City: State; Zip Code	\$25.00	f 1
•	6009 Club Terrack Austin TX 78741	(If travel outside o	of Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions) . Employer (See Instructions) . Scif.		- Toxido complete ochedule Ti
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-1-14	Contributor address: City: State: Zip Code C-2 707 Card: Nal Lane Austin TX 78104	100.00	
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)	of Texas, complete Schedule T)
		iley sports	
Date .	Suventina C. Martinez	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-9-14	Contributor address: City: State: Zip Code	00.06	
	2203 Garden ST 78702	(If travel outside o	of Texas, complete Schedule T)
Principal occup	Retiral Employer (See Actival Ration)		
Date	Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/14	George Kraber Contributor address: City: State: Zip Code	4	and the second of the second o
.,	702 Colonial Park Blud Austin TX	100.00	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) Butirul Employer (See Butirul		revas, complete Schedule 1)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H



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 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.
	3 ACCOUNT # (Ethics Commission Filer
Mario G CANT	u
6 Business name CAPI to Rubber St	amp
7 Business address: City: State: Zip Code	
3314 S. CONGress AVENH	E Austin TX 78764
(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas complete Schedule T)
other - BAdges	
Candidate / Officeholder name OH	Office sought Office held
Business name ACE Printing	
	1 - 2000
7807 Doncaster Aust	
Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Printing ExPENSE	SIGNS Office sought Office held
Candidate / Officeholder name	Office sought Office held
Business name ACE Printing	
Business address: City: State: Zip Code ACE Printing 7807 DONC	easter, Austin, TX 78745
Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Printing ExpensE	Gigns - 4x8
Candidate / Officeholder name	Office sought Office held
8usiness name	
Business address: City: State: Zip Code	
Category (See categories listed at the top of this schedule)	Description of travel outside of Texas, complete Schedule T) Office sought Office held
	CAPITOL Rubber St 7 Business address: City: State: Zip Code 3314 S. Congress Avenue (a) Category (See categories listed at the top of this schedule) Other - BAdge 5 Candidate / Officeholder name Business name ACE Printing Business address: City: State: Zip Code 7807 Doncaster Aust Category (See categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name Business name ACE Printing Business address: City: State: Zip Code ACE Printing Category (See categories listed at the top of this schedule) Printing Expense Category (See categories listed at the top of this schedule) Printing Expense Category (See categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name



PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H



Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense

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

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

Event Expense Fees	Polling Expense Travel Out Or Dist Printing Expense Office Overhead/R		ER (enter a category not listed above)
r c c c c	The Instruction Guide explains how to	complete this form.	
	O SUSPINAME		3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule H:	2 FILER NAME Mario 6 CANTU		
4 Date	5 Business name		
9-17-14	7 Business address: City: State: Zip Code		
Amount (\$)	7 Business address: City: State: Zip Code	1. 1. 201	211
\$ 500.00	7 Business address: City: State: Zip Code 1802 ANN ArbeR Aust		
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	el outside of Texas complete Schedule T)
OF			
EXPENDITURE	CONSULTING Expense		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	
Date	Business name 7 C L G D C MO C T G + C Business address; City: State: Zip Code	la Lu	
8-6-14	TCKG6 Vemocratic	19417	
8-6-14 Amount (\$)	Business address; City: State: Zip Code		
\$ 225.00	4818 É Ben White B	lud Austin, 1	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas complete Schedule T)
OF	Fees	VAN	
EXPENDITURE	7663		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office Held
Date 8-6-14	Business name TC KGS Ocmocratic	Party	
Amount (\$)	Business address: City: State: Zip Code		4 20111
\$ 350.00	Business address: City: State: Zip Code 4818 E Ben White 12	3/vd Austra,	TX 78141
	Category (See categories listed at the top of this schedule)	Description (If to	aveloutside of Texas, complete Schedule T)
PURPOSE OF	1	100000	4 1
EXPENDITURE	inkind	MAPS-VI	
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held
Date	Business name		
Date			
Amount (\$)	Business address: City: State: Zip Code		
		•	
	Colored to the sent of this granding	Description of the	ravel outside of Texas, complete Schedule T;
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	000000000000000000000000000000000000000	
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct	Carididate / Cimportation Herito	-	

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expenditure to benefit C/OH