

# 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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR NICKNAME	FIRST Mario LAST Cantu	MI 6 SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE 407 Chihuahua Trail Austin, TX 78745		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 442-4224		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Ms NICKNAME	FIRST Guadalupe LAST SDSA	MI Q SUFFIX
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	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year July 1 / 2014    9 / 25 / 14		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Nov 4 / 2014		
12 OFFICE	OFFICE HELD (if any)    13 OFFICE SOUGHT (if known) NA    Austin City Council - District 3		

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# 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)

\$ 1,680.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3,437.54

CONTRIBUTION  
BALANCE

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

\$ 303.89

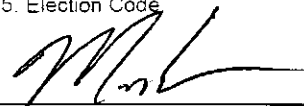
OUTSTANDING  
LOAN TOTALS

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

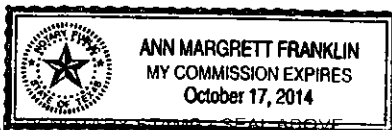
\$ 784.34

## 18 AFFIDAVIT

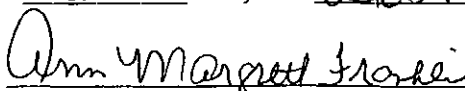
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



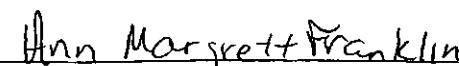
Signature of Candidate or Officeholder



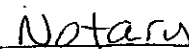
Sworn to and subscribed before me, by the said Mario Cantu, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.



Signature of officer administering oath



Printed name of officer administering oath



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 <b>Mario B Cantu</b>				3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7-6-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Joseph S. Bennett</b>		7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)	
6 Contributor address: City: State: Zip Code <b>3100 Brinwood AVE 78704</b>		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) <b>Retired</b>			10 Employer (See Instructions) <b>Retired</b>		
Date <b>7-1-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Chris SANDOVAL</b>		Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code <b>213 SOI PATANGSIN, BANGKOK 10120 03 NANGHINCHEE ROAD, THUNG MAHAMEK, BANGKOK, THAILAND</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) <b>Contractor</b>			Employer (See Instructions) <b>Energy Systems</b>		
Date <b>8-1-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>John Andrew Rincon</b>		Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code <b>7602 Crystal Brook Cove Austin TX 78724</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) <b>MAINTENANCE</b>			Employer (See Instructions) <b>UT TEXAS</b>		
Date <b>7-28-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Juan Cienfuegos</b>		Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code <b>215 N. Center No 701 SAN ANTONIO, TX 78202</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) <b>Triage Lights</b>			Employer (See Instructions) <b>OWNER</b>		
Date <b>8-10-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JOE Foster</b>		Amount of contribution (\$) <b>\$75.00</b>	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code <b>3500 River Crest Dr. Austin TX 78746</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) <b>Retired</b>			Employer (See Instructions) <b>Retired</b>		

**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:

\$

**6** 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)

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# 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

9/15/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Sterling King

6 Contributor address: City: State: Zip Code

1808 Kerr street Austin, TX 78745

7 Amount of contribution (\$)

\$50.00

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)

Retired

Date

9/22/14

Full name of contributor

☐ out-of-state PAC (ID#)

Lyve Sosa

Contributor address: City: State: Zip Code

4414 Mt Vernon Dr. Austin TX 78745

Amount of contribution (\$)

\$130.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/18/14

Full name of contributor

☐ out-of-state PAC (ID#)

Frank Salinas

Contributor address: City: State: Zip Code

5106 Suburban Dr. Austin, TX 78745

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Events Co-Mod

Employer (See Instructions)

YMCA

Date

9/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

Daniel Wheeler

Contributor address: City: State: Zip Code

3103 Bee Caves Rd Suite 201  
Austin, Texas 78746

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)

Lawyer

Employer (See Instructions)

Wheeler Law

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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

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# 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 C. Cantu

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-15-14

5 Full name of contributor

Carl Braun

☐ out-of-state PAC (ID#)

6 Contributor address: City: State: Zip Code

2506 Douglas St Austin TX 78741

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

ENGINEERING

10 Employer (See Instructions)

SEBCON

Date

8-9-14

Full name of contributor

Paul Karagys

☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

6009 Club Terrace 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)

INVESTMENT INCOME

Employer (See Instructions)

Self Employed

Date

8-1-14

Full name of contributor

John Conley

☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

707 Cardinal Lane Austin TX 78704 C-2

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)

RACE DIR

Employer (See Instructions)

John Conley Sports

Date

9-9-14

Full name of contributor

Juventina C. Martinez

☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

2203 Garden St 78702

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)

Retired

Date

9/24/14

Full name of contributor

George Kraber

☐ out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

702 Colonial Park Blvd 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)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# **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 **7-21-14** 6 Business name **Capitol Rubber Stamp**

6 Amount (\$) **\$20.57** 7 Business address: City: State: Zip Code  
**3314 S. Congress Avenue Austin TX 78704**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **other - BADGES** (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 **8-25-14** Business name **ACE Printing**

Amount (\$) **\$1221.53** Business address: City: State: Zip Code  
**7807 Doncaster Austin TX 78745**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Printing Expense** Description (If travel outside of Texas, complete Schedule T) **SIGNS**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **9-15-14** Business name **ACE Printing**

Amount (\$) **\$1,120.44** Business address: City: State: Zip Code  
**ACE Printing 7807 Doncaster, Austin, TX 78745**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Printing Expense** Description (If travel outside of Texas, complete Schedule T) **SIGNS - 4x8**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Business name

Amount (\$) Business address: City: State: Zip Code

PURPOSE OF EXPENDITURE 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/OH Candidate / Officeholder name Office sought Office held

**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 <b>Mario G Cantu</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>9-17-14</b>	5 Business name <b>AZUL strategies</b>	
6 Amount (\$) <b>\$500.00</b>	7 Business address: City: State: Zip Code <b>1802 ANN ARBOR Austin TX 78704</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>8-6-14</b>	Business name <b>Texas Democratic Party</b>	
Amount (\$) <b>\$225.00</b>	Business address: City: State: Zip Code <b>4818 E Ben White Blvd Austin, TX 78741</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>VAN</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>8-6-14</b>	Business name <b>Texas Democratic Party</b>	
Amount (\$) <b>\$350.00</b>	Business address: City: State: Zip Code <b>4818 E Ben White Blvd Austin, TX 78741</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>in kind</b>	Description (If travel outside of Texas, complete Schedule T) <b>MAPS-VAN</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Business name	
Amount (\$)	Business address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Business name	
Amount (\$)	Business address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED