

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: 6 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mr Mario 6 | OFFICE USE ONLY Date Received 2014 OCT 27 PM 12 56 AUSTIN CITY CLERK RECEIVED | |
| | NICKNAME LAST SUFFIX CANTU | | |
| 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 | | Date Hand-delivered or Postmarked |
| 6 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 442-4724 | Receipt # | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Ms Guadalupe @ | Date Processed | |
| | NICKNAME LAST SUFFIX SOSA | Date Imaged | |
| 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 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 checked="" 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 9 / 26 / 2014 10 / 25 / 2014 | | |
| 11 ELECTION | ELECTION DATE Month Day Year Nov 4 2014 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) NA | 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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

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)

\$

1,642.75

EXPENDITURE
TOTALS

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

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

271.33

CONTRIBUTION
BALANCE

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

\$

1,675.31

OUTSTANDING
LOAN TOTALS

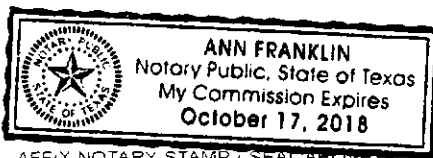
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Mario Cantu, this the 27th day of October, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Ann Franklin

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 Mario G Cantu | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 9/27/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Brian EAST | 7 Amount of contribution (\$) \$50.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code 3910 Brookview Rd Austin TX 78722 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) Attorney | | 10 Employer (See Instructions) Self Emp | |
| Date 10/08/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Elaine Martinez | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 409 Chihuahua Trail Austin, TX 78745 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 9/27/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Barbara Salinas | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 8210 Bent Tree Rd #110 Austin TX 78759 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Bakery | | Employer (See Instructions) Central Market | |
| Date 10/23/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Jacob Limon | Amount of contribution (\$) \$232.75 \$232.75 | In-kind contribution description (if applicable) EVENT EXPENSE |
| Contributor address: City: State: Zip Code 1892 ANN ARBOR 78704 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) STATE EMP | | Employer (See Instructions) STATE of TEXAS | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC ID# | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor 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 B Cantu

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/23/14

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Phyllis J. Owens

6 Contributor address: City: State: Zip Code

1709 St Albans Blvd. Austin TX
787457 Amount of
contribution (\$)

\$30.00

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

10/23/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Paul KARAGAS

Contributor address: City: State: Zip Code

6009 Club Terrace Austin, TX 78745

Amount of
contribution (\$)

\$30.00

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

10/23/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

STUART J. Anderson

Contributor address: City: State: Zip Code

2502 Nueces ST #119 Austin TX 78705

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)

Adjuster

Employer (See Instructions)

ING

Date

10/23/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Guadalupe SOSA

Contributor address: City: State: Zip Code

4414 MT Vernon 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)

Retired

Date

10/23/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Florence Ponciano

Contributor address: City: State: Zip Code

515 Kemp ST. 78741

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)

Retired

Employer (See Instructions)

Retired

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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 10/10/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Eddy Etherege 6 Contributor address: City: State: Zip Code PO Box 603 Kyle, TX 78640 | 7 Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Business Development Rep | | 10 Employer (See Instructions) LAN | |
| Date 10/10/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Susan Fraser Contributor address: City: State: Zip Code 4603 DEERW AVE Austin, TX 78751 | Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Austin Transportation Manager | | Employer (See Instructions) LAN | |
| Date 10/10/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dennis Peterson Contributor address: City: State: Zip Code | Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) LAN | |
| Date 10/10/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Lori Bible Contributor address: City: State: Zip Code P.O. Box 648 Buda, TX 78610 | Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Senior Ass Team Leader | | Employer (See Instructions) LAN | |
| Date 9/30/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Guadalupe Sosa Contributor address: City: State: Zip Code P.O. Box 40205 Austin TX 78704 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| 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 10-17-14 | | 5 Business name Austin Budget Signs | | | |
| 6 Amount (\$) \$28.90 | | 7 Business 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 | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 10-25-14 | | Business name Randall's | | | |
| Amount (\$) \$9.68 | | Business address: City: State: Zip Code 1500 W 35th ST Austin TX 78703 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Other - Polling Expense | | Description (If travel outside of Texas, complete Schedule T) Balloons | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 10-23-14 | | Business name EL Gallo | | | |
| Amount (\$) \$232.75 | | Business address: City: State: Zip Code 2910 South Congress AVE 78704 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) in kind | | Description (If travel outside of Texas, complete Schedule T) Fund Raiser - Event Expense | |
| Complete <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

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