




Official Public Records of  
Harris County  
Diane Trautman  
County Clerk

### Campaign Finance Report

<b>FileNo:</b>	201957	 <i>Diane Trautman</i> <b>COUNTY CLERK HARRIS COUNTY, TEXAS</b>
<b>Received By Clerk:</b>	1/15/2019	
<b>File Date:</b>	January 15, 2019	
<b>Office:</b>	County School Trustee, Position 3, At Large	
<b>Candidate:</b>	Cantu, Richard	
<b>Treasurer:</b>	Wiley, Joyce	
<b>Category:</b>	Contributions And Expenditures	
<b>Delivered By:</b>	Personal Appearance	
<b>Type:</b>	COR	

Harris County No Fee

UNOFFICIAL COPY

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

201957

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
OFFICE USE ONLY		Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> Change of Address	11015 CATAMORRE HOUSTON, TX. 77076		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(346)	444-0626	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
OFFICE USE ONLY		Receipt #	Amount \$
		Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	2230 HALEAH HOUSTON, TX. 77018		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	598-2371	
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 / 28 / 2018    THROUGH    10 / 28 / 2018		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	NONE	COUNTY SCHOOL TRUSTEE, POS. 3.	
<b>GO TO PAGE 2</b>			

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

(8 DAY)

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME RICHARD CANTU 15 Filer ID (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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1070.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>786.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1325.98</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard Cantu, this the 14<sup>th</sup> day of January, 2019, to certify which, witness my hand and seal of office.

Veronica Sanches      Veronica Sanches      Notary of TX  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

201957  
Page - 3

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>RICHARD CANTU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/4/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOCORRO "COCO" MARTINEZ</b> 6 Contributor address; City; State; Zip Code <b>5103 SANDYDALE HWY. TX 77039</b>	7 Amount of contribution (\$) <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions) <b>SENIOR COORDINATOR</b>		9 Employer (See Instructions) <b>PILGRIM PLACE APTS.</b>
Date <b>10/4/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CONNIE ESPARZA</b> Contributor address; City; State; Zip Code <b>2823 WOODGATE HWY. 77039</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>TRUSTEE</b>		Employer (See Instructions) <b>ALDINE ISD</b>
Date <b>10/4/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GAYLE MITCHELL</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/4/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DERRICK MANNS</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$20.00</b>
Principal occupation / Job title (See Instructions) <b>VP INSTRUCTIONS</b>		Employer (See Instructions) <b>LONE STAR COLLEGE</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>RICHARD CANTU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/4/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRIAN BURKS</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
6 Contributor address; City; State; Zip Code <b>14 NIGHT RAIN CT. SPRING TX 77381</b>		
8 Principal occupation / Job title (See Instructions) <b>PUBLIC SAFETY DIRECTOR</b>		9 Employer (See Instructions) <b>HAWES HILL ASSOC.</b>
Date <b>10/4/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ARTHUR BARRAGAN</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Contributor address; City; State; Zip Code <b>2425 FOUNTAINVIEW DR. HOUSTON TX 77057</b>		
Principal occupation / Job title (See Instructions) <b>DEVELOPER</b>		Employer (See Instructions) <b>INTL. INVESTORS GROUP</b>
Date <b>10/4/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEVE MEAD</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>11906 GLOGER HOUSTON TX 77039</b>		
Principal occupation / Job title (See Instructions) <b>TRUSTEE</b>		Employer (See Instructions) <b>ALDINE ISD</b>
Date <b>10/4/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARINA FLORES SUGG</b>	Amount of contribution (\$) <b>\$ 200.00</b>
Contributor address; City; State; Zip Code <b>5123 SANDYDALE HOUSTON TX 77039</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>TRUST ESTATE</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The instruction Guide explains how to complete this form. 1 Total pages Schedule A1: **3**

2 FILER NAME **RICHARD CANTIN** 3 Filer ID (Ethics Commission Filers)

4 Date <b>10/16/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEBORAH FOSTER</b>	7 Amount of contribution (\$) <b>\$ 50.00</b>
6 Contributor address; City; State; Zip Code <b>AZIO CASTLEDALE HWY TX 77093</b>		

8 Principal occupation / Job title (See Instructions) **RETIRED** 9 Employer (See Instructions) **EDOC**

Date <b>10/24/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GILBERT HOFFMAN</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>5612 ELLA LEE LN HOV. TX 77056</b>		

Principal occupation / Job title (See Instructions) **ARCHITECT** Employer (See Instructions) **SELF EMPLOYED**

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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**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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>RICHARD CANTU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/30/18</b>	5 Payee name <b>PROSPERITY BANK</b>		
6 Amount (\$) <b>10.00</b>	7 Payee address; City; State; Zip Code <b>80 SUGAR CREEK CT. BLVD. SUGARLAND TX 77478</b>		
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FEES (CAMPAIGN ACCT.)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>10/5/18</b>	Payee name <b>MANNY'S MEXICAN GRILL</b>		
Amount (\$) <b>243.00</b>	Payee address; City; State; Zip Code <b>11703 DRASTEN FARMY HOM. TX-77093</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT (FOOD) EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>10/9/18</b>	Payee name <b>SHELL</b>		
Amount (\$) <b>55.02</b>	Payee address; City; State; Zip Code <b>11111 W. HARDY RD. HOM. TX 77076</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>TRANSPORTATION EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>		2 FILER NAME <b>RICHARD CANTU</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/15/18</b>		5 Payee name <b>PLUCKERS HOUSTON</b>			
6 Amount (\$) <b>\$132.93</b>		7 Payee address; City; State; Zip Code <b>1400 SHEPHERD HON. TX. 77007</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE (VOLUNTEER MTG)</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>10/15/18</b>		Payee name <b>THELMA SALAS</b>			
Amount (\$) <b>\$140.00</b>		Payee address; City; State; Zip Code <b>11015 CATAMORRE HON-TX. 77076</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>POLLING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>BLOCKWALKERS SNACKS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>10/16/18</b>		Payee name <b>SHELL</b>			
Amount (\$) <b>\$40.09</b>		Payee address; City; State; Zip Code <b>1111 W. HARDY RD. HON. TX 77076</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>TRANSPORTATION EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>RICHARD CANTON</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/22/18</b>	5 Payee name <b>CHILDREN AT RISK</b>	
6 Amount (\$) <b>\$60.00</b>	7 Payee address; City; State; Zip Code <b>2900 WESLEYAN HOV. TX. 77027</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>LEGISLATIVE FORUM</b>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>10/23/18</b>	Payee name <b>STAR2 STOP #53</b>	
Amount (\$) <b>\$73.41</b>	Payee address; City; State; Zip Code <b>202 N. LOOP WEST HOV. TX. 77008</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>TRANSPORTATION EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: <b>RECORDER'S MEMORANDUM</b> Office held: _____ <small>At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.</small>	
Date <b>10/24/18</b>	Payee name <b>PAPPA'S BAR-B-Q</b>	
Amount (\$) <b>\$31.55</b>	Payee address; City; State; Zip Code <b>4430 NORTH FERNY HOV. TX 77022</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD / BEVERAGE EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>VOLUNTEER MTE.</b>
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**