



Official Public Records of  
Harris County  
Diane Trautman  
County Clerk

COPY

### Campaign Finance Report



*Diane Trautman*

COUNTY CLERK  
HARRIS COUNTY, TEXAS

FileNo: 201957

Received By Clerk: 1/15/2019

File Date: January 15, 2019

Office: County School Trustee, Position 3, At Large

Candidate: Cantu, Richard

Treasurer: Wiley, Joyce

Category: Contributions And Expenditures

Delivered By: Personal Appearance

Type: COR

Harris County No Fee

# 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: <b>8</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI <b>RICHARD</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX <b>CANTU</b>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>11015 CATAMORRE HOUSTON, TX. 77076</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <b>(346) 444-0626</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI <b>JOYCE</b>	Date Received	
	NICKNAME LAST SUFFIX <b>WILEY</b>	Date Hand-delivered or Date Postmarked	
		Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2230 HALEATH HOUSTON, TX. 77018</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <b>(713) 598-2371</b>		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month Day Year <b>9 / 28 / 2018</b> THROUGH    Month Day Year <b>10 / 28 / 2018</b>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>11 / 6 / 2018</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>NONE</b>	<b>13 OFFICE SOUGHT (if known)</b> <b>COUNTY SCHOOL TRUSTEE, POS. 3.</b>	
<b>GO TO PAGE 2</b>			

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**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	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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

VERONICA SANCHES  
Commission # 130377224  
My Commission Expires  
September 21, 2019

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.

[Signature]      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: **3**

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

4 Date **10/4/18** 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **SOCORRO "COCO" MARTINEZ** 7 Amount of contribution (\$) **\$50.00**  
 6 Contributor address; City; State; Zip Code **5103 SANDYDALE HWY. TX 77039**

8 Principal occupation / Job title (See Instructions) **SENIOR COORDINATOR** 9 Employer (See Instructions) **PILGRIM PLACE APTS.**

Date **10/4/18** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **CONNIE ESPARZA** Amount of contribution (\$) **\$50.00**  
 Contributor address; City; State; Zip Code **2823 WOODGATE HWY. 77039**

Principal occupation / Job title (See Instructions) **TRUSTEE** Employer (See Instructions) **ALDINE ISD**

Date **10/4/18** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **GAYLE MITCHELL** Amount of contribution (\$) **\$50.00**  
 Contributor address; City; State; Zip Code

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

Date **10/4/18** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **DERRICK MANNS** Amount of contribution (\$) **\$20.00**  
 Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) **VP INSTRUCTIONS** Employer (See Instructions) **LOVE STAR COLLEGE**

*(Empty section for additional contributions)*

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME **RICHARD CANTU**

3 Filer ID (Ethics Commission Filers)

4 Date **10/4/18**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**BRIAN BURKS**  
 6 Contributor address; City; State; Zip Code **TX.**  
**14 NIGHT RAIN CT. SPRING TX 77381**

7 Amount of contribution (\$)  
**\$ 100.00**

8 Principal occupation / Job title (See Instructions)  
**PUBLIC SAFETY DIRECTOR**

9 Employer (See Instructions)  
**HAWES HILL ASSOC.**

Date **10/4/18**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ARTHUR BARRAGAN**  
 Contributor address; City; State; Zip Code  
**2425 FOUNTAINVIEW DR. HOUSTON TX 77057**

Amount of contribution (\$)  
**\$ 250.00**

Principal occupation / Job title (See Instructions)  
**DEVELOPER**

Employer (See Instructions)  
**INTL. INVESTORS GROUP**

Date **10/4/18**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**STEVE MEAD**  
 Contributor address; City; State; Zip Code  
**11906 GLOGER HOUSTON TX 77039**

Amount of contribution (\$)  
**\$ 100.00**

Principal occupation / Job title (See Instructions)  
**TRUSTEE**

Employer (See Instructions)  
**ALDINE ISD**

Date **10/4/18**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**MARINA FLORES SUGG**  
 Contributor address; City; State; Zip Code  
**5123 SANDYDALE HOUSTON TX 77039**

Amount of contribution (\$)  
**\$ 200.00**

Principal occupation / Job title (See Instructions)  
**RETIRED**

Employer (See Instructions)  
**TRUST ESTATE**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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 CANTIN</b>		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> 6 Contributor address; City; State; Zip Code <b>4210 CASTLEDALE HOV TX 77093</b>	7 Amount of contribution (\$) <b>\$ 50.00</b>
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions) <b>EEOC</b>
Date <b>10/24/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GILBERT HOFFMAN</b> Contributor address; City; State; Zip Code <b>5612 ELLA LEE LN HOV. TX 77056</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions) <b>ARCHITECT</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

# 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)
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4 Date <b>9/30/18</b>	5 Payee name <b>PROSPERITY BANK</b>
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6 Amount (\$) <b>10.00</b>	7 Payee address; City; State; Zip Code <b>80 SUGAR CREEK CRT 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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 DRASTEX FLYWY 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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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>
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<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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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 HOUSTON, TX. 77007</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FOOD / BEVERAGE EXPENSE (VOLUNTEER MTLG)</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>10/15/18</b>	Payee name <b>THELMA SALAS</b>	
Amount (\$) <b>\$140.00</b>	Payee address; City; State; Zip Code <b>11015 CATAMORRE HOUSTON, TX. 77076</b>	
<b>PURPOSE OF EXPENDITURE</b>	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>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>10/16/18</b>	Payee name <b>SHELL</b>	
Amount (\$) <b>\$40.09</b>	Payee address; City; State; Zip Code <b>11111 W. HARDY RD. HOUSTON, 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
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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)
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4 Date <b>10/22/18</b>	5 Payee name <b>CHILDREN AT RISK</b>
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6 Amount (\$) <b>\$60.00</b>	7 Payee address; City; State; Zip Code <b>2900 WESLEYAN HOV. TX. 77027</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(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>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/23/18</b>	Payee name <b>STAR STOP #53</b>
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Amount (\$) <b>\$73.41</b>	Payee address; City; State; Zip Code <b>202 N. LOOP WEST HOV. TX. 77008</b>
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<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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <b>RECORDER'S MEMORANDUM</b>	Office held
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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.

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>
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<b>PURPOSE OF EXPENDITURE</b>	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>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**