





Official Public Records of  
Harris County  
Diane Trautman  
County Clerk

## Campaign Finance Report

		 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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI RICHARD NICKNAME LAST SUFFIX CANTU		OFFICE USE ONLY Date Received
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS <input type="checkbox"/> Change of Address 11015 CATAMORE HOUSTON, TX. 77076		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (346) 444-0626		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI JOYCE NICKNAME LAST SUFFIX WILEY		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    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 11 / 6 / 2018 <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.	
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1070.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 786.00

CONTRIBUTION  
BALANCE

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

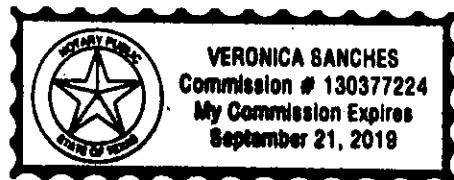
\$ 1325.98

OUTSTANDING  
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

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

[Signature]  
Signature of officer administering oath

Veronica Sanches  
Printed name of officer administering oath

Notary of TX  
Title of officer administering oath

## 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 SANDDALE 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 INSTRUCTION

Employer (See Instructions)

LONE STAR COLLEGE

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 CANTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/4/18

5 Full name of contributor

BRIAN BUCKS

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code TX.

14 NIGHT RAIN CT. SPRING TX 77381

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

ARTHUR BARRAGAN

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

2425 FOUNTAINVIEW DR.  
HOU. TX 77057

Principal occupation / Job title (See Instructions)

DEVELOPER

Employer (See Instructions)

INTL. INVESTORS GROUP

Date

10/4/18

Full name of contributor

STEVE MEAD

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

11906 GLOGER HOU. TX 77039

Principal occupation / Job title (See Instructions)

TRUSTEE

Employer (See Instructions)

ALDINE ISD

Date

10/4/18

Full name of contributor

MARINA FLORES SUGG

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

5123 SANDYDALE HOU TX 77039

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

TRIAL 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: 3

2 FILER NAME

RICHARD CANTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/16/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

DEBORAH FOSTER

6 Contributor address;

City; State; Zip Code

4210 CASTLEDALE HOM TX 77093

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

BEDC

Date

10/24/18

Full name of contributor

☐ out-of-state PAC (ID#)

GILBERT HOFFMAN

Contributor address;

City; State; Zip Code

5612 ELA LEE LN HOM. TX 77056

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

ARCHITECT

Employer (See Instructions)

SELF EMPLOYED

Date

Full name of contributor

☐ 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

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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 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 CTR BLVD. SUGARLAND TX 77478</b>	
8 PURPOSE OF EXPENDITURE	(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 DARTER FARMY HON. TX 77093</b>	
PURPOSE OF EXPENDITURE	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. 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
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  
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>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 STEPHEN RD HOUSTON, TX. 77007</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD / BEVERAGE EXPENSE (VOLUNTEER MEETING)</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		
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>	
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>BLACKWATER SNAKES</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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>	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



# 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 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	
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 FERRY 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					