



* 2 0 1 9 2 4 0 *

Official Public Records of
Harris County
Diane Trautman
County Clerk

Campaign Finance Report



Diane Trautman

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo: 2019240

Received By Clerk: 7/15/2019

File Date: July 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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: RICHARD MI: _____ NICKNAME: _____ LAST: CANTU SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11015 CATAMBRE HOV. TX. 77074	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (346) PHONE NUMBER: 444 - 0624 EXTENSION: _____	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MS. FIRST: JOYCE MI: _____ NICKNAME: _____ LAST: WILEY SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2230 HALEAH HOV. TX. 77018		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (713) PHONE NUMBER: 598 - 2371 EXTENSION: _____		
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 checked="" 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 1 / 1 / 2019 THROUGH 6 / 30 / 2019		
11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 2018	ELECTION TYPE <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) COUNTY SCHOOL TRUSTEE, POS. 3	13 OFFICE SOUGHT (if known) N/A	
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.

<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>1250.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>1132.07</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1132.07</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>337.22</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 15th day of July, 20 19, to certify which, witness my hand and seal of office.

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME RICHARD CANTU		3 Filer ID (Ethics Commission Filers)
4 Date 1/14/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ED GONZALEZ	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code P.O. BOX 70683 HOUSTON TX 77270		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/18/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADRIAN GARCIA	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. BOX 53386 HOUSTON TX 77256		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/31/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID HAWES	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code P.O. BOX 22167 HOUSTON TX 77227		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL ALVARADO	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. BOX 230842 HOUSTON TX 77223		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 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: 2	2 FILER NAME RICHARD CANTU	3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2019	5 Payee name MERIDA RESTAURANT	
6 Amount (\$) \$55.34	7 Payee address; City; State; Zip Code 2509 NAVIGATION HWY TX 77003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 MTG. W/ CAMPAIGN VOLUNTEERS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2/27/19	Payee name MOM'S COUNTRY KITCHEN	
Amount (\$) \$83.85	Payee address; City; State; Zip Code 14428 ALDINE WESTFIELD HWY TX 77039	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSTITUENT MEETING
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 5/17/19	Payee name TEOTIHUACAN MEXICAN RESTAURANT	
Amount (\$) \$92.88	Payee address; City; State; Zip Code 1511 AIRLINE HWY TX 77009	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSTITUENT MEETING
	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: 2	2 FILER NAME RICHARD CANTU	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	---------------------------------------

4 Date 3/1/19	5 Payee name NORTH HOUSTON AMERICAN LITTLE LEAGUE
-------------------------	---

6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1701 CHAMBERCAIN ST. HO. TX 77093
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION - DONATION	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIP.
------------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4/20/19	Payee name RICHARD CANTU
------------------------	------------------------------------

Amount (\$) \$800.00	Payee address; City; State; Zip Code 11015 CATAMORE HO. TX 77076
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT
-------------------------------	---	---

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

Date	Payee name	RECORDER'S MEMORANDUM: At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or brittle copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.
------	------------	---

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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