

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: <i>me 4</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>me</i> NICKNAME	FIRST <i>Mario</i> LAST <i>Cantu</i>	MI <i>6</i> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>407 Chihuahua Trail Austin TX 78745</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: ()		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Ms</i> NICKNAME	FIRST <i>Guadalupe</i> LAST <i>SOSA</i>	MI <i>Q</i> SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>4414 Mt Vernon Dr. Austin TX 78745</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (<i>512</i>) <i>565-1649</i>		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>10 / 26 / 14</i> <i>12 / 31 / 14</i>		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: <i>11 / 04 / 14</i> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any): <i>NA</i>		
13 OFFICE SOUGHT (if known)	<i>Austin City Council - District 3</i>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/QH 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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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)

\$ -0-

EXPENDITURE
TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 1675.31

CONTRIBUTION
BALANCE

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

\$ 1675.31

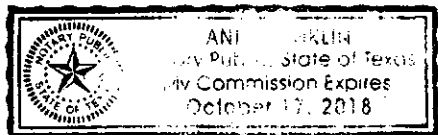
OUTSTANDING
LOAN TOTALS

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

\$ -0-

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 G Cantu, this the 15th day of January, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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 11-4-14	5 Business name El Gallo	
6 Amount (\$) \$ 266.05	7 Business address: City: State: Zip Code 2910 South Congress Ave Austin TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Bev Exp	(b) Description (If travel outside of Texas complete Schedule T) Election Return Watch
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11-2-14	Business name United States Postal Service	
Amount (\$) \$ 31.00	Business address: City: State: Zip Code 3903 S. Congress Ave Austin TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other	Description (If travel outside of Texas complete Schedule T) P.O. BOX
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01-14-15	Business name Florence Comfort House	
Amount (\$) \$ 593.92	Business address: City: State: Zip Code 515 Kemp St Austin TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 1-15-15	Business name Mario G Cantu	
Amount (\$) \$ 784.34	Business address: City: State: Zip Code 407 Chihuahua Trail Austin TX 78745	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Payment	Description (If travel outside of Texas complete Schedule T) Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**


The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Mario G Cantu

2 ACCOUNT # (Ethics Commission Filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder