



Official Public Records of  
Harris County  
Stan Stanart  
County Clerk

## Campaign Finance Report



*Stan Stanart*  
COUNTY CLERK  
HARRIS COUNTY, TEXAS

FileNo: 2018470  
Received By Clerk: 7/16/2018  
File Date: July 16, 2018  
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: <b>9</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>RICHARD</b>		OFFICE USE ONLY Date Received	
	NICKNAME LAST SUFFIX <b>CANTU</b>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>11015 CATAMORE, HOM. TX 77076</b>			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>MS. JOYCE</b>	NICKNAME LAST SUFFIX <b>WILEY</b>	Receipt # Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2230 HIALEAH, HOM. TX. 77018</b>			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	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 <b>5 / 13 / 2018</b> THROUGH <b>6 / 30 / 2018</b>			
11 ELECTION	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	
12 OFFICE	OFFICE HELD (if any) <b>NONE</b>		13 OFFICE SOUGHT (if known) <b>COUNTY SCHOOL TRUSTEE, POS. 3</b>	

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# 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 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)

\$

953.00

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1606.07

CONTRIBUTION  
BALANCE

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

\$

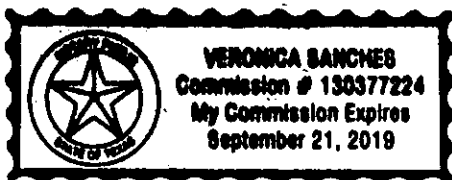
656.58

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 16<sup>th</sup> day of July, 2018, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Veronica Sanchez  
Printed name of officer administering oath

Notary of TX  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME***RICHARD CANTIN***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 953.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1606.07
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>RICHARD CANTU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/14/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CAROLINA JIMENEZ</b> 6 Contributor address; City; State; Zip Code <b>1234 NOMAIL ST. HOV. TX 77064</b>	7 Amount of contribution (\$) <b>\$10.00</b>
8 Principal occupation / Job title (See Instructions) <b>STUDENT</b>		9 Employer (See Instructions)
Date <b>5/28/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>AARON AZIOS</b> Contributor address; City; State; Zip Code <b>6227 WYNNWOOD HOV. TX 77008</b>	Amount of contribution (\$) <b>\$5.00</b>
Principal occupation / Job title (See Instructions) <b>STUDENT</b>		Employer (See Instructions)
Date <b>6/18/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ALICE LEE</b> Contributor address; City; State; Zip Code <b>4922 VALKEITH HOV. TX 77096</b>	Amount of contribution (\$) <b>\$250.00</b>
Principal occupation / Job title (See Instructions) <b>PARTNER</b>		Employer (See Instructions) <b>HAWES HILL &amp; ASSOC.</b>
Date <b>6/26/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JUDY HOYA</b> Contributor address; City; State; Zip Code <b>1206 SUNNY DR. HOV. TX 77037</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>ALDINE ISD</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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:
2 FILER NAME <b>RICHARD CANTU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/28/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>AARON AZIOS</b> 6 Contributor address; City; State; Zip Code <b>6227 WYNNWOOD HOUSTON TX 77008</b>	7 Amount of contribution (\$) <b>\$ 3.00</b>
8 Principal occupation / Job title (See Instructions) <b>STUDENT</b>		9 Employer (See Instructions)
Date <b>6/28/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>NEWT NEWMAN</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>OWNER</b>		Employer (See Instructions) <b>SOLID IT NETWORKS</b>
Date <b>6/29/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CARLOS DE HONDOS</b> Contributor address; City; State; Zip Code <b>744 DORCHESTER HOUSTON TX 77022</b>	Amount of contribution (\$) <b>\$20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/29/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JORGE COTTE</b> Contributor address; City; State; Zip Code <b>2134 RIVERLAWN DR. HOUSTON TX 77339</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions) <b>MARKETING DIRECTOR</b>		Employer (See Instructions) <b>SERVICE CORP. INT'L.</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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:
2 FILER NAME <b>RICHARD CANTU</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/30/18</b>	5 Full name of contributor <b>STACEY SMITH</b> <input type="checkbox"/> out-of-state PAC (ID#):	7 Amount of contribution (\$) <b>\$20.00</b>
6 Contributor address; City; State; Zip Code <b>13415 VAUPON HOLLY HWY HOUSTON TX 77044</b>		
8 Principal occupation / Job title (See Instructions) <b>PROGRAM DIRECTOR</b>		9 Employer (See Instructions) <b>ALDINE ISD</b>
Date <b>6/30/18</b>	Full name of contributor <b>DEBORAH FOSTER</b> <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) <b>\$20.00</b>
Contributor address; City; State; Zip Code <b>4210 CASTLEDALE HOUSTON TX 77043</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>U.S. EEOC</b>
Date <b>7/4/18</b>	Full name of contributor <b>JARVELINE JOSEPH HOWARD</b> <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>12303 WESTVILLAGE HOUSTON TX 77039</b>		
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)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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  
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 FILER NAME <b>RICHARD CANTU</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5-13-18</b>	5 Payee name <b>A to Z SPECIALTIES</b>	
6 Amount (\$) <b>\$167.79</b>	7 Payee address; City; State; Zip Code <b>2111 HARDENWAY HOUSTON, TX. 77093</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>TRAINING 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>LABELS</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <b>5/12/18</b>	Payee name <b>GLORIA PALMER</b>	
Amount (\$) <b>\$300.00</b>	Payee address; City; State; Zip Code <b>7413 PARKER RD. HOUSTON, TX. 77016</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>CHURCH OUTREACH</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <b>5/18/18</b>	Payee name <b>GLORIA PALMER</b>	
Amount (\$) <b>\$800.00</b>	Payee address; City; State; Zip Code <b>7413 PARKER RD. HOUSTON, TX 77016</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>EARLY VOTE OUTREACH</b>
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 FILER NAME <b>RICHARD CANTU</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/17/18</b>	5 Payee name <b>DONERAILI RESTAURANT</b>	
6 Amount (\$) <b>\$48.80</b>	7 Payee address; City; State; Zip Code <b>300 GULFSTATE HWY. TX. 77087</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE 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>CAMPAIGN MEETING</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <b>5/14/18</b>	Payee name <b>STAR STOP #53</b>	
Amount (\$) <b>\$59.53</b>	Payee address; City; State; Zip Code <b>202 N. LOOP WEST HWY. TX. 77018</b>	
<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 SNACKS</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <b>5/14/18</b>	Payee name <b>FAMILY DOLLAR</b>	
Amount (\$) <b>\$122.63</b>	Payee address; City; State; Zip Code <b>9605 IRVINGTON HWY. TX 77076</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT/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>EARLY VOTING SUPPLIES</b>
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

**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 photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.

# 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 FILER NAME <b>RICHARD CANTU</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/17/18</b>	5 Payee name <b>MCDONALD'S</b>	
6 Amount (\$) <b>\$37.60</b>	7 Payee address; City; State; Zip Code <b>6615 WAYSIDE HOUSTON, TX. 77014</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE 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>VOLUNTEER FOOD</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/18/18</b>	Payee name <b>LOVES TRAVEL CENTER</b>	
Amount (\$) <b>\$50.17</b>	Payee address; City; State; Zip Code <b>3940 MCCARTY HOUSTON, TX. 77013</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FUEL/TRANSPORT-EXPENSE ACTION</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>5/22/18</b>	Payee name <b>SHIPLEYS DONUTS</b>	
Amount (\$) <b>\$19.55</b>	Payee address; City; State; Zip Code <b>STATE HWY 249 HOUSTON, TX. 77066</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>TOLLING 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>ELECTION DAY SNACKS</b>
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