

# 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: **17**

|  |   |  |                                   |   |   |                   |    |
|--|---|--|-----------------------------------|---|---|-------------------|----|
| 3 CANDIDATE / OFFICEHOLDER NAME            | MS / MRS / MR   | FIRST  | MI                                | <b>OFFICE USE ONLY</b>  |   |                   |    |
|  | LEE   | CANTU  | A                                 |   |   |                   |    |
|  | NICKNAME  | LAST   | SUFFIX                            | Date Received   |   |                   |    |
|  |   |  |                                   | RECEIVED <u>JUN 21, 2021</u><br>City Secretary                    |   |                   |    |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX:   | APT / SUITE #:   | CITY:                             | STATE:  | ZIP CODE                                    |                   |    |
| Change of Address                          | 208 WHISPERING CREEK  |  | VICTORIA TX                       |   | 77904                                       |                   |    |
| 5 CANDIDATE / OFFICEHOLDER PHONE           | AREA CODE   | PHONE NUMBER   | EXTENSION                         | Date Hand-Delivered or Date Postmarked                            |   |                   |    |
|  | (361 )  | 5501110  |                                   | 3:40pm AMY<br>JUN 21 2021   |   |                   |    |
| 6 CAMPAIGN TREASURER NAME                  | MS / MRS / MR   | FIRST  | MI                                | Receipt #   | Amount \$                                   |                   |    |
|  | DR  | AMY  | J                                 |   | 3:40p AMY                                   |                   |    |
|  | NICKNAME  | LAST   | SUFFIX                            | Date Processed  |   |                   |    |
|  |   | ARBOGAST-CANTU   |                                   | Date Imaged   |   |                   |    |
| 7 CAMPAIGN TREASURER ADDRESS               | STREET ADDRESS (NO PO BOX PLEASE);  |  | APT / SUITE #:                    | CITY:   | STATE:                                      | ZIP CODE          |    |
| (Residence or Business)                    | 208 WHISPERING CREEK  |  |                                   | VICTORIA  | TX  | 77904             |    |
| 8 CAMPAIGN TREASURER PHONE                 | AREA CODE   | PHONE NUMBER   | EXTENSION                         |   |   |                   |    |
|  | (361 )  | 5500818  |                                   |   |   |                   |    |
| 9 REPORT TYPE                              | January 15  | <input checked="" type="checkbox"/> 30th day before election | Runoff                            | 15th day after campaign treasurer appointment (Officeholder Only) |   |                   |    |
|  | July 15   | 8th day before election                                      | Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR)                                   |   |                   |    |
| 10 PERIOD COVERED                          | Month   | Day  | Year                              | Month   | Day   | Year              |    |
|  | 5   | 12   | 21                                | THROUGH   | 6   | 3                 | 21 |
| 11 ELECTION                                | ELECTION DATE   |  |                                   | ELECTION TYPE   |   |                   |    |
|  | Month   | Day  | Year                              | Primary   | Runoff                                      | Other Description |    |
|  | 7   | 3  | 21                                | General   | <input checked="" type="checkbox"/> Special |                   |    |
| 12 OFFICE                                  | OFFICE HELD (if any)  |  |                                   | 13 OFFICE SOUGHT (if known)                                       |   |                   |    |
|  |   |  |                                   | CITY COUNCIL DISTRICT 3   |   |                   |    |
| 14 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   | COMMITTEE ADDRESS  |                                   |   |   |                   |    |
|  | SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME                            |                                   |   |   |                   |    |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS                         |                                   |   |   |                   |    |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                    |   |   |
|------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>LEE A CANTU |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>      | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  |
|                                    | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 4,000.00                                   |
| <b>EXPENDITURE TOTALS</b>          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                       |
|                                    | 4. TOTAL POLITICAL EXPENDITURES   | \$ 233.19                                     |
| <b>CONTRIBUTION BALANCE</b>        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 3,766.81                                   |
| <b>OUTSTANDING LOAN TOTALS</b>     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                       |

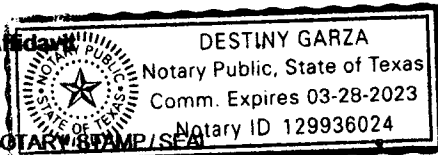
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Lee A. Cantu*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Lee Cantu this the 21<sup>st</sup> day of June

2021, 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

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)

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

|  |             |
|--|-------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         | \$ 4,000.00 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS           | \$ 500.00   |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0.00     |
| 4. SCHEDULE E: LOANS   | \$ 0.00     |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 233.19   |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ 0.00     |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                                    | \$ 0.00     |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$ 0.00     |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS   | \$ 0.00     |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                              | \$ 0.00     |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                                 | \$ 0.00     |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER                       | \$ 0.00     |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1: <b>1</b>                        |
| 2 FILER NAME<br><b>LEE A CANTU</b>  |   | 3 Filer ID (Ethics Commission Filers)                      |
| 4 Date<br><b>05/21/2021</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>AMY J ARBOGAST DDS PC</b>                | 7 Amount of contribution (\$)<br><b>1,000.00</b>           |
| 6 Contributor address; City; State; Zip Code<br><b>805 E MOCKINGBIRD LANE STE A VICTORIA TEXAS 77904</b>  |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>DENTIST</b>   |   | 9 Employer (See Instructions)<br><b>AMY J ARBOGAST DDS</b> |
| Date<br><b>05/27/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>DN KUESTER LLC AUTH-DEALER MATCO TOOLS</b> | Amount of contribution (\$)<br><b>1,000.00</b>             |
| Contributor address; City; State; Zip Code<br><b>107 APPALOOSA DR VICTORIA TEXAS 77904</b>  |   |  |
| Principal occupation / Job title (See Instructions)<br><b>AUTHORIZED DEALER FOR MATCO TOOLS</b>   |   | Employer (See Instructions)<br><b>DN KUESTER LLC</b>       |
| Date<br><b>05/28/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>AMY J ARBOGAST DDS PC</b>                  | Amount of contribution (\$)<br><b>1,500.00</b>             |
| Contributor address; City; State; Zip Code<br><b>805 E MOCKINGBIRD LANE STE A VICTORIA TEXAS 77904</b>  |   |  |
| Principal occupation / Job title (See Instructions)<br><b>DENTIST</b>   |   | Employer (See Instructions)<br><b>AMY J ARBOAGST DDS</b>   |
| Date<br><b>06/01/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>RON &amp; BONITA ARBOGAST</b>              | Amount of contribution (\$)<br><b>500.00</b>               |
| Contributor address; City; State; Zip Code<br><b>P.O. BOX 148 PORT O'CONNOR TEXAS 77982</b>   |   |  |
| Principal occupation / Job title (See Instructions)<br><b>RETIRED</b>   |   | Employer (See Instructions)<br><b>RETIRED</b>              |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A2: <b>1</b>   |  |
| 2 FILER NAME<br><b>LEE A CANTU</b>  |   | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |   | \$ <b>500.00</b>  |  |
| 5 Date<br><b>06/01/2021</b>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>AMY J ARBOGAST DDS PC</b> | 8 Amount of Contribution \$<br><b>500.00</b>                                  | 9 In-kind contribution description<br><b>MAILING SUPPLIES FOR DONATION LETTERS</b> |
| 7 Contributor address; City; State; Zip Code<br><b>805 E MOCKINGBIRD LANE VICTORIA TEXAS 77904</b>  |   | Check if travel outside of Texas. Complete Schedule T.                        |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><b>DENTIST</b>  |   | 11 Employer (FOR NON-JUDICIAL)(See Instructions)<br><b>AMY J ARBOGAST DDS</b> |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)  |   | 13 Contributor's job title (FOR JUDICIAL)(See Instructions)                   |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)   |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                   |  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |   |   |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                                   | Amount of Contribution \$   | In-kind contribution description   |
|   | Contributor address; City; State; Zip Code  |   |  |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)   |   | Employer (FOR NON-JUDICIAL)(See Instructions)                                 |  |
| Contributor's principal occupation (FOR JUDICIAL)   |   | Contributor's job title (FOR JUDICIAL)(See Instructions)                      |  |
| Contributor's employer/law firm (FOR JUDICIAL)  |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                      |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |   |   |  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p> |   |   |  |

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

If the requested information is not applicable, **DO NOT** include this page in the report.

|  |  |   |   |
|--|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule B: <span style="float: right;">1</span> |   |
| <b>2</b> FILER NAME<br><b>LEE A CANTU</b>                        |  | <b>3</b> Filer ID (Ethics Commission Filers)                          |   |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES                             |  | <b>\$ 0.00</b>  |   |
| <b>5</b> Date  | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>8</b> Amount of Pledge \$  | <b>9</b> In-kind contribution description |
|  | <b>7</b> Pledgor address; City; State; Zip Code                                      |   |   |
|  |  | Check if travel outside of Texas. Complete Schedule T.                |   |
| <b>10</b> Principal occupation / Job title (See Instructions)    |  | <b>11</b> Employer (See Instructions)                                 |   |
| <b>Date</b>  | <b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)   | <b>Amount of Pledge \$</b>  | <b>In-kind contribution description</b>   |
|  | <b>Pledgor address;</b> City; State; Zip Code  |   |   |
|  |  | Check if travel outside of Texas. Complete Schedule T.                |   |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                                    |   |
| <b>Date</b>  | <b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)   | <b>Amount of Pledge \$</b>  | <b>In-kind contribution description</b>   |
|  | <b>Pledgor address;</b> City; State; Zip Code  |   |   |
|  |  | Check if travel outside of Texas. Complete Schedule T.                |   |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                                    |   |
| <b>Date</b>  | <b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)   | <b>Amount of Pledge \$</b>  | <b>In-kind contribution description</b>   |
|  | <b>Pledgor address;</b> City; State; Zip Code  |   |   |
|  |  | Check if travel outside of Texas. Complete Schedule T.                |   |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                                    |   |

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

# LOANS

# SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

|   |  |   |
|---|--|---|
| The instruction Guide explains how to complete this form. |  | 1 Total pages Schedule E: <b>1</b>  |
| 2 FILER NAME<br><b>LEE A CANTU</b>                        |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS                               |  | <b>\$ 0.00</b>  |
| 5 Date of loan  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                                   | 9 Loan Amount (\$)  |
| 6 Is lender a financial institution?<br><br>Y    N        | 8 Lender address;                      City;                      State;                      Zip Code     | 10 Interest rate  |
|   |  | 11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions)    |  | 13 Employer (See Instructions)  |
| 14 Description of Collateral<br><br>none                  |  | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br>not applicable            | 17 Name of guarantor   | 19 Amount Guaranteed (\$)   |
|   | 18 Guarantor address;                      City;                      State;                      Zip Code |   |
| 20 Principal Occupation (See Instructions)                |  | 21 Employer (See Instructions)  |
| Date of loan  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                                     | Loan Amount (\$)  |
| Is lender a financial institution?<br><br>Y    N          | Lender address;                      City;                      State;                      Zip Code       | Interest rate   |
|   |  | Maturity date   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)   |
| Description of Collateral<br><br>none                     |  | Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br>not applicable               | Name of guarantor  | Amount Guaranteed (\$)  |
|   | Guarantor address;                      City;                      State;                      Zip Code    |   |
| Principal Occupation (See Instructions)                   |  | Employer (See Instructions)   |

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## 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.

|  |                                    |  |
|--|------------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>1 | <b>2</b> FILER NAME<br>LEE A CANTU | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|------------------------------------|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>06/02/2021 | <b>5</b> Payee name<br>HARLAND CLARKE CHECK ORDER |
|-----------------------------|---|

|                               |  |
|-------------------------------|--|
| <b>6</b> Amount (\$)<br>28.60 | <b>7</b> Payee address;<br>City; State; Zip Code |
|-------------------------------|--|

|                                    |  |   |
|------------------------------------|--|---|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>OTHER   | <b>(b)</b> Description<br>CHECKS FOR CHECKING ACCOUNT |
|                                    | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |

|   |  |  |                     |
|---|--|--|---------------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>LEE A CANTU | Office sought<br>CITY COUNCIL DISTRICT 3 | Office held<br>NONE |
|---|--|--|---------------------|

|                    |  |
|--------------------|--|
| Date<br>06/03/2021 | Payee name<br>GULF COAST MAILING & PRINTING SERVICES |
|--------------------|--|

|                       |  |                       |
|-----------------------|--|-----------------------|
| Amount (\$)<br>204.59 | Payee address;<br>P.O. BOX 9312 CORPUS CHRISTI TEXAS 78469 | City; State; Zip Code |
|-----------------------|--|-----------------------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense  | Description<br>PRINTING OF DOOR HANGERS |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |

|  |  |  |                     |
|--|--|--|---------------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>LEE A CANTU | Office sought<br>CITY COUNCIL DISTRICT 3 | Office held<br>NONE |
|--|--|--|---------------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

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

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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**



# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F2:                                    | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |   | <b>\$</b>                                    |
| <b>5</b> Date  | <b>6</b> Payee name   |  |
| <b>7</b> Amount (\$)   | <b>8</b> Payee address;   | City; State; Zip Code                        |
| <b>9</b> TYPE OF EXPENDITURE   | Political   | Non-Political                                |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)   | <b>(b)</b> Description                       |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span> |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought<br>Office held                 |
| Date   | Payee name  |  |
| Amount (\$)  | Payee address;  | City; State; Zip Code                        |
| TYPE OF EXPENDITURE  | Political   | Non-Political                                |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)  | Description                                  |
|  | Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name   | Office sought<br>Office held                 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>           |   |  |

**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

If the requested information is not applicable, DO NOT include this page in the report.

|   |  |                                       |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule F3:            |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Name of person from whom investment is purchased                           |                                       |
|   | 6 Address of person from whom investment is purchased; City; State; Zip Code |                                       |
|   | 7 Description of investment  |                                       |
|   | 8 Amount of investment (\$)  |                                       |
| Date  | Name of person from whom investment is purchased                             |                                       |
|   | Address of person from whom investment is purchased; City; State; Zip Code   |                                       |
|   | Description of investment  |                                       |
|   | Amount of investment (\$)  |                                       |
|   |  |                                       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F4:                                       | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD      |  | \$   |
| <b>5</b> Date   | <b>6</b> Payee name  |  |
| <b>7</b> Amount (\$)  | <b>8</b> Payee address;  | City; State; Zip Code                        |
| <b>9</b> TYPE OF EXPENDITURE  | Political  | Non-Political                                |
| <b>10</b><br>PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>11</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought<br>Office held                 |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address;   | City; State; Zip Code                        |
| TYPE OF EXPENDITURE   | Political  | Non-Political                                |
| 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<br>Office held                 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:  | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Payee name  |  |
| <b>6</b> Amount (\$)<br><br>Reimbursement from political contributions intended | <b>7</b> Payee address;  | City; State; Zip Code                        |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                    | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Payee name   |  |
| Amount (\$)<br><br>Reimbursement from political contributions intended          | Payee address;   | City; State; Zip Code                        |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete ONLY if direct expenditure to benefit C/OH                             | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Payee name   |  |
| Amount (\$)<br><br>Reimbursement from political contributions intended          | Payee address;   | City; State; Zip Code                        |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete ONLY if direct expenditure to benefit C/OH                             | Candidate / Officeholder name  | Office sought Office held                    |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule H:                                    | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Business name   |  |
| <b>6</b> Amount (\$)  | <b>7</b> Business address;   | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. 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  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. 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**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

|   |   |   |                |
|---|---|---|----------------|
| <b>1</b> Total pages Schedule I:          | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)                                      |                |
| <b>4</b> Date                             | <b>5</b> Payee name   |   |                |
| <b>6</b> Amount (\$)                      | <b>7</b> Payee address;   | City  | State Zip Code |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a) Category</b> (See instructions for examples of acceptable categories.) | <b>(b) Description</b> (See instructions regarding type of information required.) |                |
| Date                                      | Payee name  |   |                |
| Amount (\$)                               | Payee address;  | City  | State Zip Code |
| <b>PURPOSE OF EXPENDITURE</b>             | <b>Category</b> (See instructions for examples of acceptable categories.)     | <b>Description</b> (See instructions regarding type of information required.)     |                |
| Date                                      | Payee name  |   |                |
| Amount (\$)                               | Payee address;  | City  | State Zip Code |
| <b>PURPOSE OF EXPENDITURE</b>             | <b>Category</b> (See instructions for examples of acceptable categories.)     | <b>Description</b> (See instructions regarding type of information required.)     |                |
| Date                                      | Payee name  |   |                |
| Amount (\$)                               | Payee address;  | City  | State Zip Code |
| <b>PURPOSE OF EXPENDITURE</b>             | <b>Category</b> (See instructions for examples of acceptable categories.)     | <b>Description</b> (See instructions regarding type of information required.)     |                |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

|   |   |                                       |
|---|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. |   | 1 Total pages Schedule K:             |
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Name of person from whom amount is received   | 8 Amount (\$)                         |
|   | 6 Address of person from whom amount is received; City; State; Zip Code   |                                       |
|   | 7 Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span> |                                       |
| Date  | Name of person from whom amount is received   | Amount (\$)                           |
|   | Address of person from whom amount is received; City; State; Zip Code   |                                       |
|   | Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>   |                                       |
| Date  | Name of person from whom amount is received   | Amount (\$)                           |
|   | Address of person from whom amount is received; City; State; Zip Code   |                                       |
|   | Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>   |                                       |
| Date  | Name of person from whom amount is received   | Amount (\$)                           |
|   | Address of person from whom amount is received; City; State; Zip Code   |                                       |
|   | Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>   |                                       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

If the requested information is not applicable, **DO NOT** include this page in the report.

|   |  |                                       |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form.                   |  | 1 Total pages Schedule T:             |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee |  |                                       |
| 5 Contribution / Expenditure reported on:                                   |  |                                       |
| Schedule A2   | Schedule B   | Schedule B(J)                         |
| Schedule F2   | Schedule F4  | Schedule G                            |
| Schedule C2   | Schedule H   | Schedule D                            |
| Schedule COH-UC   | Schedule F1  | Schedule B-SS                         |
| 6 Dates of travel   | 7 Name of person(s) traveling  |                                       |
|   | 8 Departure city or name of departure location                               |                                       |
|   | 9 Destination city or name of destination location                           |                                       |
| 10 Means of transportation  | 11 Purpose of travel (including name of conference, seminar, or other event) |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| Contribution / Expenditure reported on:                                     |  |                                       |
| Schedule A2   | Schedule B   | Schedule B(J)                         |
| Schedule F2   | Schedule F4  | Schedule G                            |
| Schedule C2   | Schedule H   | Schedule D                            |
| Schedule COH-UC   | Schedule F1  | Schedule B-SS                         |
| Dates of travel   | Name of person(s) traveling  |                                       |
|   | Departure city or name of departure location                                 |                                       |
|   | Destination city or name of destination location                             |                                       |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| Contribution / Expenditure reported on:                                     |  |                                       |
| Schedule A2   | Schedule B   | Schedule B(J)                         |
| Schedule F2   | Schedule F4  | Schedule G                            |
| Schedule C2   | Schedule H   | Schedule D                            |
| Schedule COH-UC   | Schedule F1  | Schedule B-SS                         |
| Dates of travel   | Name of person(s) traveling  |                                       |
|   | Departure city or name of departure location                                 |                                       |
|   | Destination city or name of destination location                             |                                       |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                                       |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  |  |                                       |



**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

LEE A CANTU

2 Filer ID (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.

X

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.

x Lee A. Cantu

\_\_\_\_\_  
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