

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr. Mike</i> NICKNAME LAST SUFFIX <i>Cantrill</i>	<b>OFFICE USE ONLY</b> Date Received  RECEIVED DALLAS  2012 JAN 17 10:05 AM COUNTY ELECTIONS Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2109 Castleford Lane Garland, Tx 75040-3309</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(972) 530-1950</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mr. Don</i> NICKNAME LAST SUFFIX <i>Buchholz</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>7712 Glenshannon Dallas, Tx 75228</i>	12 JAN 17 AM 11:25 DALLAS COUNTY COMMISSIONERS COURT	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 739-3945</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 type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>7 / 1 / 11</i> <i>12 / 31 / 11</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Dallas County Commissioner District 2</i>	13 OFFICE SOUGHT (if known)	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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 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)

\$ - 0 -

EXPENDITURE  
TOTALS

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

\$ 341.29

4. TOTAL POLITICAL EXPENDITURES

\$4383.81

CONTRIBUTION  
BALANCE

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

\$2892.59

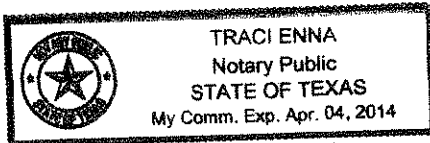
OUTSTANDING  
LOAN TOTALS

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

\$5,000.00

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.



*Mike Cantrell*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike Cantrell, this the 17<sup>th</sup> day of January, 2012, to certify which, witness my hand and seal of office.

*Traci Enna*

Traci Enna

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**LOANS**

**SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <i>Mike Cantrell</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$		
5 Date of loan <i>11-19-11</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mike Cantrell</i>	9 Loan Amount (\$) <i>5,000.00</i>
6 Is lender a financial institution?  Y    N	8 Lender address;   City;   State;   Zip Code <i>2109 Castleford Lane Garland, Tx 75040-3309</i>	10 Interest rate <i>0.</i>
		11 Maturity date <i>N/A</i>
12 Principal occupation / Job title (See Instructions) <i>Dallas County Commissioner</i>		13 Employer (See Instructions) <i>Dallas County</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  ..... 18 Guarantor address;   City;   State;   Zip Code	19 Amount Guaranteed (\$)
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?  Y    N	Lender address;   City;   State;   Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;   City;   State;   Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1 of 5</i>	2 FILER NAME <i>Mike Cantrell</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>7-11-11</i>	5 Payee name <i>Guns + Hoses</i>
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6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>c/o Robert Beasley 2812 Jenilidge, Mesquite, Tx 75181</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Advertized in police/fire fighters fundraising brochure</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-13-11</i>	Payee name <i>Metrocrest Republican Club</i>
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Amount (\$) <i>30.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 110272 Carrollton, Tx 75011-0272</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Club dues</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-14-11</i>	Payee name <i>Lina Yampanis</i>
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Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>4631 Ridgelawn Dallas, Tx 75214</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting</i>	Description (If travel outside of Texas, complete Schedule T) <i>Consultant fee</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-12-11</i>	Payee name <i>Ozarka</i>
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Amount (\$) <i>93.12</i>	Payee address; City; State; Zip Code <i>P.O. Box 52214 Phoenix, AZ 85072</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Water for office</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

## 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 F: 285	2 FILER NAME Mike Cantrell	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-21-11	5 Payee name Lake Highlands Republican Women	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code c/o Rita Day 9627 Arbor Hill Drive, Dallas, Tx 75243	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution made by officeholder	(b) Description (If travel outside of Texas, complete Schedule T) Sponsored club member for conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 9-8-11	Payee name Tina Yamparis	
Amount (\$) 250.00	Payee address; City; State; Zip Code 4631 Ridgelawn Dallas, Tx 75214	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Consultant fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 9-12-11	Payee name Azarka	
Amount (\$) 46.54	Payee address; City; State; Zip Code P.O. Box 52214 Phoenix, AZ 85072	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Water for office
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 10-17-11	Payee name Sex Protects	
Amount (\$) 250.00	Payee address; City; State; Zip Code c/o Madeline McClure 9019 Broken Arrow, Dallas, Tx 75209	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Donation for abused children advocacy
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>3 of 5</i>		2 FILER NAME <i>Mike Cantrell</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10-17-11</i>		5 Payee name <i>Ozarka</i>			
6 Amount (\$) <i>46.50</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 52214 Phoenix, AZ 85072</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Water for office</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>11-19-11</i>		Payee name <i>Karen Manning</i>			
Amount (\$) <i>600.00</i>		Payee address; City; State; Zip Code <i>1409 S. Lamar Street Dallas, Tx 75215</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>		Description (If travel outside of Texas, complete Schedule T) <i>Thanksgiving luncheon for County employees</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>11-29-11</i>		Payee name <i>Ozarka</i>			
Amount (\$) <i>30.52</i>		Payee address; City; State; Zip Code <i>P.O. Box 52214 Phoenix, AZ 85072</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>		Description (If travel outside of Texas, complete Schedule T) <i>Water for office</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12-10-11</i>		Payee name <i>Cash (Cashed by Mike Cantrell)</i>			
Amount (\$) <i>800.00</i>		Payee address; City; State; Zip Code <i>2109 Castleford Lane Garland, Tx 75040</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Gifts</i>		Description (If travel outside of Texas, complete Schedule T) <i>Christmas bonuses for office employees</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 5	2 FILER NAME Mike Cantrell	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-12-11	5 Payee name Lake Highlands Republican Women	
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code c/o Jane Howell 9336 Shoreview Rd, Dallas, Tx 75238	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Luncheon
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12-12-11	Payee name Traci Emma	
Amount (\$) 250.00	Payee address; City; State; Zip Code 8302 Cherry Hills Rowlett, Tx 75089	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Database revisions
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12-14-11	Payee name Dyanka	
Amount (\$) 11.90	Payee address; City; State; Zip Code P.O. Box 52214 Phoenix, AZ 85072	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Water for office
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12-18-11	Payee name Dina Yampanis	
Amount (\$) 500.00	Payee address; City; State; Zip Code 4631 Ridgeland Dallas, Tx 75214	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Consultant fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**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 F: <i>5 of 5</i>	2 FILER NAME <i>Mike Cantrell</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9-12-11</i>	5 Payee name <i>MetroWest Republican Club</i>
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6 Amount (\$) <i>120.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 110272 Carrington, Tx 75011-0272</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense / Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Sponsor for fundraising event</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-28-11</i>	Payee name <i>Tina Yamparis</i>
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Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>4631 Ridgelaun Dallas, Tx 75214</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting</i>	Description (If travel outside of Texas, complete Schedule T) <i>Consultant fee</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-12-11</i>	Payee name <i>Graci Enna</i>
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Amount (\$) <i>28.94</i>	Payee address; City; State; Zip Code <i>8302 Cherry Hills Rowlett, Tx 75089</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Reimburse for book purchased for the office</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED