

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
MR ERIC J
NICKNAME LAST SUFFIX
CANTU

OFFICE USE ONLY

Date Received

Date Filed 12/06/22

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. BOX 60871
CORPUS CHRISTI, TX 78466

Change of Address

Ruth Bechini for R.H.
ASST. City Secretary
Rebecca Huerta
City Secretary

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 444-4719

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MR GEORGE
NICKNAME LAST SUFFIX
EDWARDS

Date Held (if not marked)

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
400 MANN STREET
SUITE 1006
CORPUS CHRISTI, TX 78401

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 444-4719

9 REPORT TYPE

January 15 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
11 / 1 / 22 THROUGH 12 / 4 / 22

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
12 / 13 / 22 General 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

Additional Pages

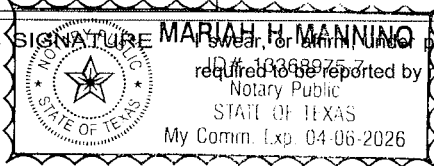
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME ERIC J. CANTU		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,523.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32,180.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 97,623.00

18 SIGNATURE I swear, for 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.



[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Eric Cantu this the 6 day of December 2022, 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**ERIC J. CANTU****20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,053.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 97,623.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,523.16
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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:	
2 FILER NAME itemized		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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.

1 Total pages Schedule F1:	2 FILER NAME itemized	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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2022

Eric Cantu Campaign

Vendor Expenses (Schedule F1)

Date	Amount	Expense	Category/Purpose	Address
11/1/2022	\$1,000.00	MAJIC 104.1	RADIO ADS	2209 NPID DR, CORPUS CHRISTI, TX 78408
11/1/2022	\$216.00	MATTHEW CLARK	BLOCKWALKER	400 MANN STREET SUITE 1006, CORPUS CHRISTI, TX 78401
11/1/2022	\$405.00	JOEL NUMFORD	BLOCKWALKER	400 MANN STREET SUITE 1006, CORPUS CHRISTI, TX 78401
11/2/2022	\$1,870.00	ICA RADIO	RADIO ADS	615 N. UPPER BROADWAY, CORPUS CHRISTI, TX 78401
11/2/2022	\$667.50	MARISOL GONZALES	BLOCKWALKER	400 MANN STREET SUITE 1006, CORPUS CHRISTI, TX 78401
11/2/2022	\$667.50	STEPHANIE GONZALES	BLOCKWALKER	400 MANN STREET SUITE 1006, CORPUS CHRISTI, TX 78401
11/2/2022	\$622.50	RENE ZAVALA	BLOCKWALKER	400 MANN STREET SUITE 1006, CORPUS CHRISTI, TX 78401
11/2/2022	\$622.50	CYNTHIA ZAPATA	BLOCKWALKER	400 MANN STREET SUITE 1006, CORPUS CHRISTI, TX 78401
11/2/2022	\$654.00	ROEL GOMEZ	PHONE BANKING	400 MANN STREET SUITE 1006, CORPUS CHRISTI, TX 78401
11/2/2022	\$330.00	THOMAS GONZALEZ	BLOCKWALKER	400 MANN STREET SUITE 1006, CORPUS CHRISTI, TX 78401
11/2/2022	\$390.00	JANIE GONZALEZ	BLOCKWALKER	400 MANN STREET SUITE 1006, CORPUS CHRISTI, TX 78401
11/2/2022	\$667.50	ROALIND MARTINEZ	BLOCKWALKER	400 MANN STREET SUITE 1006, CORPUS CHRISTI, TX 78401
11/2/2022	\$342.00	NOEMI ANZALDUA	BLOCKWALKER	400 MANN STREET SUITE 1006, CORPUS CHRISTI, TX 78401
11/2/2022	\$300.00	JESSICA LEMOS	BLOCKWALKER	400 MANN STREET SUITE 1006, CORPUS CHRISTI, TX 78401
11/2/2022	\$654.00	RUTH GOMEZ	PHONE BANKING	400 MANN STREET SUITE 1006, CORPUS CHRISTI, TX 78401
11/5/2022	\$99.00	CALL HUB	PHONE BANKING	340 S. LEMON AVE, WALNUT, CA 91789
11/6/2022	\$100.00	CALL HUB	PHONE BANKING	340 S. LEMON AVE, WALNUT, CA 91789
11/7/2022	\$100.00	CALL HUB	PHONE BANKING	340 S. LEMON AVE, WALNUT, CA 91789
11/8/2022	\$359.82	PEERLY TEXTING	TEXTING	WWW.PEERLY.COM
11/9/2022	\$36.80	WIX.COM	WEBSITE	WIX.COM
11/11/2022	\$6.40	GOOGLE	WEBSITE	GOOGLE.COM
11/16/2022	\$866.00	PLATIUM WRAPS	SIGNS	5121 CARROLL LN, CORPUS CHRISTI, TX 78415
11/17/2022	\$2,000.00	BERNARDO GOMEZ	MAILER	3607 S. L. LN, MCALLEN TX 78503
11/18/2022	\$140.00	DYNAMIC MEDIA	RADIO ADS	710 BUFFALO ST, CORPUS CHRISTI, TX 78401
11/22/2022	\$250.00	CALL HUB	PHONE BANKING	340 S. LEMON AVE, WALNUT, CA 91789
11/28/2022	\$2,352.00	CC RADIO GROUP	RADIO ADS	701 BENYNS RD CORPUS CHRISTI, TX 78408
11/29/2022	\$250.00	CALL HUB	PHONE BANKING	340 S. LEMON AVE, WALNUT, CA 91789
11/29/2022	\$1,500.00	MAJIC 104.9	RADIO ADS	2209 NPID DR, CORPUS CHRISTI, TX 78408
11/29/2022	\$1,085.00	DYNAMIC MEDIA	RADIO ADS	710 BUFFALO ST, CORPUS CHRISTI, TX 78401
12/3/2022	\$250.00	CALL HUB	PHONE BANKING	340 S. LEMON AVE, WALNUT, CA 91789

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:
2 FILER NAME ERIC J. CANTU		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 15,000.00
5 Date of loan 11/15/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC J CANTU	9 Loan Amount (\$) 15,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 400 MANN STREET SUITE 1006 CORPUS CHRISTI, TX 78401	10 Interest rate 0.00
		11 Maturity date None
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 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? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION 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.