CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR FIRST МІ OFFICE USE ONLY OFFICEHOLDER MR **ERIC** NAME NICKNAME LAST SUFFIX CANTU 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: ZIP CODE STATE: OFFICEHOLDER P.O. BOX 60871 MAILING CORPUS CHRISTI, TX 78466 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION OFFICEHOLDER** (361)444-4719 PHONE Amount \$ Receipt # MS / MRS / MR 6 CAMPAIGN FIRST **TREASURER GEORGE** MR Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **EDWARDS** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; STATE ZIP CODE **TREASURER** 400 MANN STREET **ADDRESS SUITE 1006** CORPUS CHRISTI, TX 78401 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE (361 444-4719 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year COVERED 11 1 22 12 22 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Description General 12 13 22 Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) CITY COUNCIL DISTRICT 3 14 NOTICE FROM 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 MAD WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS **GENERAL** Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) ERIC J. CANTU 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR 0.00CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** \$ 0.00(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** \$ 19,523.16 4. **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 32,180.29 BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 97,623.00 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD ISNATURE MARWAIT, He MANNING penalty of perjury, that the accompanying report is true and correct and micludes all information required மெல்லார் சிருந்திரை by he under Title 15, Election Code. Notary Public STATE OF TEXAS My Comm. Exp. 04-06-2026 Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before to certify which, witness my hand sad seal of office. Signature of offic administering oath Printed name of officer administering oath (2) Unsworn Declaration My name is _____, and my date of birth is _ My address is (street) (city) (state) (zip code) (country) Executed in ______, on the ____

(month)

Signature of Candidate/Officeholder (Declarant)

(year)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 E	FILER NAME RIC J. CANTU 20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL 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.

	•	. 1			- (*	
		e Instruction Guide explains how to complete this for	m.		1 Total pages Schedu	ule A2:
	FILER NAMI emized				3 Filer ID (Ethics Co	mmission Filers)
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIO	NS	\$	
5	Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description
		7 Contributor address; City; State;	Zip Cod	de	Chack if traval outsi	 de of Texas. Complete Schedule T.
10	Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 E	mploye	er (FOR NON-JUDICIA	**************************************
12	Contributor's	principal occupation (FOR JUDICIAL)	13 C	ontribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 La	aw firm	ı of contributor's spou	se (if any) (FOR JUDICIAL)
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	Date	Full name of contributor)	Amount of Contribution \$	 In-kind contribution description
		Contributor address; City; State;	Zip Co	de	Check if travel outsi	
	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	E	mploye	er (FOR NON-JUDICI)	
	Contributor's	principal occupation (FOR JUDICIAL)	С	ontribu	itor's job title (FOR JU	DICIAL)(See Instructions)
	Contributor's	employer/law firm (FOR JUDICIAL)	L	aw firm	of contributor's spou	se (if any) (FOR JUDICIAL)
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>			444-4
		ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruct	THIS SC	HEDU de for	JLE AS NEEDED additional reporting	g requirements.

2022

Eric Cantu Campaign

7077			In Kind Contrib	In Kind Contributors (Schedule A2)			
Date	Amount	Purpose	Contributor	Address	City	State	Zip code
11/30/2022	\$2,108.00 KRIS TV	KRIS TV	MEHDI HARIRI-RAHIMI	7946 SNAKE RIVER DR	CORPUS CHRISTI	XT	78414
12/1/2022		KIII TV	MEHDI HARIRI-RAHIMI	7946 SNAKE RIVER DR	CORPUS CHRISTI	ΤX	78414
				Action			
Total	\$12,000.00						

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credil Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to d	complete this form.	
1 Total pages Schedule F1	temized		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 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 Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	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 Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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 Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

Eric Cantu Campaign Vendor Expenses (Schedule F1)

Date Amount Expense Category/Purpose Address Address Address Address 11/1/2022 \$11000 Inchination BADIO ADS 200 PRID DR. CORPUS CHRST, TY 78401 11/1/2022 \$11200 MATTHEW CLARK BLOCXWALKER 400 MANN STREET SUITE 1005, CORPUS CHRST, TY 78401 11/1/2022 \$11200 JOEL MONFERD BLOCXWALKER 400 MANN STREET SUITE 1005, CORPUS CHRST, TX 78401 11/1/2022 \$11200 JOEL MONFERD BLOCXWALKER 400 MANN STREET SUITE 1005, CORPUS CHRST, TX 78401 11/1/2022 \$117/2022 \$100 MARISOL GONALES BLOCXWALKER 400 MANN STREET SUITE 1005, CORPUS CHRST, TX 78401 11/1/2022 \$100 MARISOL GONALES BLOCXWALKER 400 MANN STREET SUITE 1005, CORPUS CHRST, TX 78401 11/1/2022 \$100 MARISOL GONALES BLOCXWALKER 400 MANN STREET SUITE 1005, CORPUS CHRST, TX 78401 11/1/2022 \$100 MARISOL GONALES BLOCXWALKER 400 MANN STREET SUITE 1005, CORPUS CHRST, TX 78401 11/1/2022 \$100 MARISOL GONALES BLOCXWALKER 400 MANN STREET SUITE 1005, CORPUS CHRST, TX 78401 11/1/2022 \$100 MARISOL GONALES BLOCXWALKER 40					
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\$250.00 CALL HUB PHONE BANKING	11/29/2022	<u> </u>	DYNAMIC MEDIA	RADIO ADS	710 BUFFALO ST, CORPUS CHRISTI, TX 78401
	12/3/2022	\$250.00			340 S. LEMON AVE, WALNUT, CA 91789

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LOANS

SCHEDULE E

If the requested	information is not applicable, DO NO	T include this page in the re	port.				
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:				
² FILER NAME ERIC J. CAN	TU		3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UN	ITEMIZED LOANS		\$ 15,000.00				
5 Date of loan 11/15/2022	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$) 15,000.00				
6 Is lender a financial Institution?	8 Lender address; City; 400 MANN STREET SUITE 1006 CORPUS CHRISTI, TX 78401	State; Zip Code	10 Interest rate 0.00 11 Maturity date				
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·				
14 Description of Colla	ateral	Check if personal fun account (See Instruct	ds were deposited into political lions)				
16 GUARANTOR INFORMATION	17 Name of guarantor	•	19 Amount Guaranteed (\$)				
not applicable	18 Guarantor address; City;	State; Zip Code					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)					
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)				
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate				
L Y L N			Maturity date				
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)					
Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
not applicable	Guarantor address; City;	State; Zip Code					
Principal Occupati	on (See Instructions)	Employer (See Instructions)					
If le	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NE struction guide for additional re					